

1951.

(No. 68.)

THE ROYAL SOCIETY
OF HEALTH
LIBRARY



1951.

PARLIAMENT OF TASMANIA.

DEPARTMENT OF PUBLIC HEALTH

REPORT FOR THE YEAR ENDED 30TH JUNE, 1951.

Presented to both Houses of Parliament by His Excellency's Command.

REPORT OF THE MINISTER FOR HEALTH FOR THE YEAR ENDED 30TH JUNE, 1951.

To His Excellency the Right Honourable Sir RONALD HIBBERT CROSS, Baronet,
Governor in and over the State of Tasmania and its Dependencies, in the
Commonwealth of Australia.

YOUR EXCELLENCY:

I have the honour to submit the Report of the Department of Public Health for the year
ended 30th June, 1951.

I have the honour to be

Your Excellency's Obedient Servant,

R. J. DAVID TURNBULL, Minister for Health.

November, 1951.

78821

RBB/25 aa

TABLE OF CONTENTS

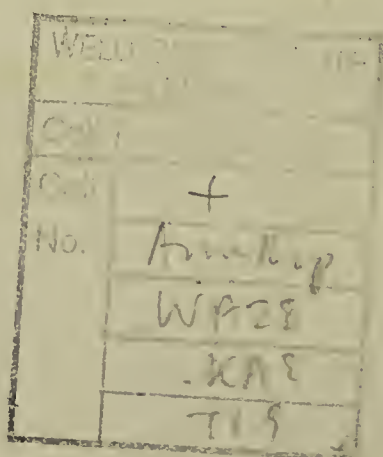
	Page.
Introduction	3
Legislation	3
Departmental Expenditure	3
Staff	4
Section I.—Report of Director of Public Health including—	4
Appendix I.—Chief Health Inspector	
Appendix II.—Government Analyst	
Appendix III.—Mothercraft Home, New Town	
Section II.—Report of Director of Hospital and Medical Services	19
including—	
Appendix IV.—Nurses' Registration Board	
Appendix V.—St. John's Park, New Town	
Appendix VI.—Home for Invalids, Laun- ceston	
Section III.—Report of Director of Tuberculosis	33
Section IV.—Report of Director of Mental Hygiene	40
including—	
Appendix VII.—Mental Deficiency Board	
Appendix VIII.—State Psychological Clinic	
Appendix IX.—Lachlan Park Hospital, New Norfolk	
Appendix X.—Millbrook Psychopathic Home	
Section V.—Vital Statistics Supplied by Deputy Commonwealth Statistician	50

TABLES.

A.—C.—Notifiable Infectious Diseases	8-10
D.—E.—Venereal Diseases	11
F.—Child Welfare	12
G.—I.—Infantile Mortality	13-14
J.—L.—Public Hospitals	21-25
M.—Private Hospitals	27
N.—Total Hospital Beds	28
O.—Bush Nursing	29
P.—Government Medical Service	30
Q.—Y.—Tuberculosis	34-39



22501400533



2551



SALUS POPULI SUPREMA LEX.

Report of the Secretary for Public Health for the Year ended 30th June, 1951.

Department of Public Health,
Hobart, 28th September, 1951.

SIR,

I HAVE the honour to present the Report of the Department of Public Health for the period 1st July, 1950, to 30th June, 1951.

The functions of the Department have been carried on under considerable strain, caused by the retirement of several senior officers, including the Directors of Public Health and Tuberculosis, and it has fallen to the lot of the Director of Hospital and Medical Services to supervise the Public Health Section in addition to the activities of his own Division.

It is proposed to revert to the policy of appointing a Medical Officer as permanent Head of the Department, with two Assistant Directors, but these positions have not yet been filled.

It is desired to acknowledge the co-operation of the members of the Directorate, whose reports are submitted separately, as under:—

- Section I.—Report of Director of Public Health.
- Section II.—Report of Director of Hospital and Medical Services.
- Section III.—Report of Director of Tuberculosis.
- Section IV.—Report of Director of Mental Hygiene.
- Section V.—Vital Statistics supplied by the Deputy Commonwealth Statistician.

LEGISLATION.

The following Acts administered by the Department were amended in the directions set out hereunder:—

The Public Health Act, 1935—Machinery clauses only.

The Hospitals Act, 1918—

- (1) reducing the number of members of a Hospital Board constituting a quorum from five to four; and
- (2) deleting the clause prohibiting a person from being elected or continuing as a member of a Hospital Board by reason of the fact that he holds a paid office under a local authority within a hospitals district.

The Mental Hospitals Act, 1885, and the Mental Deficiency Act, 1920—

Several machinery clauses for administrative purposes.

The Medical Act, 1918—

Providing a means of making it possible for a limited number of New Australians, who are possessed of qualifications which entitled them to practise as medical practitioners in their country of graduation, to become eligible for registration by the Medical Council of Tasmania. The eligibility is dependent on each person having passed through a further twelve months' training course in Tasmania, followed by an examination as arranged by the Medical Council. It is hoped that, through this Act, the acute position in respect of the availability of medical practitioners for country districts and Government Medical Services will be relieved.

DEPARTMENTAL EXPENDITURE.

Following the procedure adopted in the previous report, comparative information of expenditure in accordance with estimates is furnished.

It will be noted that this expenditure continues to show substantial increases, which may be attributed to the trend of increases in cost of living and public expenditure generally.

Summary.

	1948-49.			1949-50.			1950-51.		
	£	s.	d.	£	s.	d.	£	s.	d.
Division 14	697,829	6	0	842,167	19	11	1,089,950	0	0
Division 15	162,767	13	8	195,472	17	7	222,353	0	0
Division 16	76,885	2	6	83,714	9	11	97,064	0	0
Division 17	5,256	18	5	5,868	12	8	6,132	0	0
	£942,739	0	7	£1,127,224	0	1	£1,415,499	0	0

It will be observed that the increases are £184,484 19s. 6d. and £288,275 respectively, and are summarised as under:—

Administration—	1949-50.			1950-51.		
	£	s.	d.	£	s.	d.
Salaries, Travelling Expenses, Cost of Living, Miscellaneous, &c.	24,650	4	11	23,326	4	0
Bush Nursing Services	6,846	6	4	3,729	14	2
Medical Services, Schools and Country Districts	6,709	10	11	11,152	6	2
Subsidies to Hospitals, &c.	91,989	2	7	181,607	14	2
Tuberculosis Services	14,143	9	2	27,966	1	8
Government Institutions	40,146	5	7	40,492	19	10
	£184,484	19	6	£288,275	0	0

STAFF.

In addition to those members of the Directorate who retired during the period under review, resignations were received from Dr. J. Kennard (School Medical Officer), Dr. D. B. Nathan (Medical Superintendent, Northern Chest Hospital), Drs. G. M. Crabbe and K. L. Wise (Medical Officers, Lachlan Park Hospital), also Dr. J. A. McCluskie, transferred from Millbrook Psychopathic Home to the Government Medical Service.

The shortage of nurses is still serious, and much thought is being given to the question by responsible officers. Recruiting officers have been appointed, and active interest is being promoted

among the schools in an attempt to induce young women to adopt the profession.

Finally, appreciation is expressed of the services rendered by individual officers of the Department during the past year, and acknowledgment is made of the ready assistance given by officers of other Government Departments.

I have, &c.,
P. A. DRISCOLL,
Secretary for Public Health.

The Hon. the Minister for Health.

SECTION I.—REPORT OF DIRECTOR OF PUBLIC HEALTH FOR THE YEAR ENDED 30th JUNE, 1951.

VITAL STATISTICS.

Introductory.—The data supplied to the Department by the Tasmanian Branch of the Commonwealth Bureau of Census and Statistics is based upon the revision as adopted by the 6th Decennial Conference of the World Health Organisation. That shown for the preceding year was based upon the 5th Revision, consequently the figures are not strictly comparable in some cases. This applies in the main to the cause of death which appears in Section V. of this report. The return showing the number of deaths from Typhoid Fever has been deleted, as the last death from this cause was recorded in 1944. In fact, in the last ten years only six persons died as a result of Typhoid Fever. Retention of a negative return is of little value.

Population.—The figures given in the report of the above-mentioned Branch show that the population at the end of the year 1950 totalled 294,397, of whom 150,471 were males and 143,926 females. The natural increase amounted to 4,776. The mean population for the whole State was 282,269.

Births.—The number of births in the State totalled 7,242, being an annual rate per 1,000 of mean population of 25.66. This is a decrease as compared with the preceding year.

Deaths.—The number of deaths reached a total of 2,466, being an annual rate of 8.74 per 1,000 persons living. This compares favourably with the average death rate for the previous ten years, which was 9.85.

Principal Causes of the General Mortality.—

The ten principal causes of death were:—

Cause of Death.	Number of Deaths.	Death Rate per 100,000 Persons Living.
1. Heart disease (organic)	686	243
2. Cancer (all forms)	323	114
3. Diseases of nervous system	304	108
4. Diseases of respiratory system	205	73
5. External causes (violent or accidental deaths)	175	62
6. Diseases of genito-urinary system	109	39
7. Infective and parasitic diseases	96	34
8. Certain diseases of first year of life	107	38
9. Diseases of digestive tract	88	31
10. Tuberculosis (all forms)	71	25

Maternal and Infant Mortality.—The number of deaths of infants under one year, which is usually taken as one of the guides to the health of the community, was the most favourable the State has recorded. Deaths numbered 172, and the annual rate per 1,000 births was 23.8, as against 23.9 for the preceding year. Analysing the rate for various parts of the State, it is seen that the urban districts had a slightly better showing than the rural divisions, in that the annual rate was 22.5 per 1,000 births in the former, and 24.6 in the latter. In the urban districts also, the rate varied between the Hobart District and Launceston City and Suburbs—that for Hobart being 23.7 per 1,000 births, as against 20.1 per 1,000 in Launceston City and Suburbs.

Pre-natal Deaths.—Everywhere the infant mortality rate for the first week and the first month of life is very much higher than the subsequent eleven months. Tasmania in 1950 was no exception to this, inasmuch as the infant mortality rate for the first month of life was 16.1 per 1,000, whilst for the subsequent eleven months it was only 7.7 per 1,000. The relevant figures for the corresponding section last year was 16.9 and 7 respectively. The greatest number of deaths was caused by premature births, which accounted for 35 deaths, whilst 18 deaths were caused by injury at birth.

Still-births.—There were 138 still-births, giving a percentage of still-births to births and still-births combined of 1.87. This figure is slightly lower than the figure of 2.18 for the preceding year.

ADMINISTRATION.

Legislation.—During the year under review, amendments were made to the Acts administered by the Director of Public Health.

Places of Public Entertainment Act.—The Special Committee set up to advise on the suitability of plans and specifications for public buildings has considered many such plans. In addition, this Committee has completed the task of consolidating the regulations made under the Act, and appreciation is expressed to its members for the painstaking manner in which they undertook their task. The regulations should be gazetted early in the new year.

The report of the Chief Health Inspector enumerates the number of samples procured for analysis under this Act. In the main, it indicates that the regulations are being complied with. The report of the Chief Health Inspector is given in Appendix I., and that of the Government Analyst in Appendix II.

Food Standards Committee.—This Committee met on four occasions during the year. As a result of the Committee's deliberations, amending regulations bearing on the undermentioned subjects have been compiled and, following approval by the Parliamentary Draftsman, will be gazetted:—

- (1) Jams, mixed jams and preserves;
- (2) Pasteurised milk;
- (3) Pasteurised cream;
- (4) Thickened cream;
- (5) Liquid chocolate;
- (6) Drip beer;
- (7) Addition of preservative;
- (8) Cider and perry;
- (9) Foreign matter in food; and
- (10) Ascorbic acid content of black currant syrup.

Mothercraft Nurses Registration Regulations.—The age at which girls can commence Mothercraft Nurses' training was reduced from 18 to 17 years. This was necessary, as it was found that it was difficult to staff the training schools with the minimum age of entry at 18 years.

Health Education Council.—In January, 1951, there was constituted a Health Education Council, under the chairmanship of the Director of Public Health, to educate the public in the need for healthy living, to teach them the value of good health, and to give accurate and concise information on the prevention of certain diseases. This step is a progressive one and, should the

Council receive the co-operation it deserves, the standard of health in this State should materially improve. Present indications are that the "Family Doctor" broadcasts are being well received, as well as the radio "scatters." During the coming year, the Council's programme will be extended to include newspaper articles, distribution of pamphlets, posters and films.

NOTIFIABLE INFECTIOUS DISEASES.

During the year under review, the number of infectious diseases notified to the Department totalled 647, as compared with 434 for the preceding twelve months. This increase was due chiefly to the epidemic of Acute Anterior Poliomyelitis, which accounted for 206 of the cases notified. A resumé of the spread of the epidemic, and the recommendations made by the Poliomyelitis Standing Committee, are set out below. Tables A.—C. show the monthly notifications of infectious disease cases, municipality groupings, and relative age and sex groupings.

Diphtheria.—There has been an increase in the number of cases of Diphtheria from eight last year to 15 for the year under review. Nine of these occurred in the Launceston Municipality, and two in the Lilydale Municipality. Twelve of the 15 were in the under 10 age group, being equally divided between the sexes. There was one death resulting therefrom. Whilst the incidence of Diphtheria has increased a little during the year, the whole position is very gratifying and clearly indicates the value of the mass immunisation programme. In accordance with opinions expressed by several eminent authorities, the Department recommended the curtailment of the campaign during the epidemic of Poliomyelitis, but has again urged local authorities to recommence immunisation courses. It cannot be over-emphasised that the most suitable age to immunise is in the latter part of the first year, and should not be postponed except for special reasons. When the operation is performed at this early age, a single small dose called a "booster" dose should be given before or on entry into school. This "boosts" the immunity resulting from the earlier ones. A Departmental School Sister assists the Local Authority in Hobart and Glenorchy in immunising school children. To indicate clearly the effect of immunisation upon the number of cases of Diphtheria notified, the following figures are quoted:—

Year.	No. of Cases.	Deaths.
1938	343	10
1941	401	25
1944	442	10
1947	64	—
1950	8	—
1951	15	1

Whooping Cough.—Whooping Cough is not a notifiable disease in this State, and therefore the number of cases occurring cannot be accurately assessed. Departmental policy in connection with immunisation against Whooping Cough is that all children should be immunised in the latter part of the first year. To enable this to be done, the Department makes available free a combined serum for immunisation against Diphtheria and Whooping Cough, and urges local authorities to carry out campaigns for the immunisation of children in the latter part of the first year. The death rate of children from Whooping Cough has decreased from 25 in 1941 to one in 1950.

Scarlet Fever.—This disease has been prevalent throughout the year, 128 cases being notified to the Department, of which 57 were in the five to ten years age group. The municipalities most affected were Hobart (34 cases), Circular Head (29 cases), Glenorchy (17 cases) and Launceston (11 cases). In the Circular Head and Launceston Municipalities the majority of cases occurred at the commencement of the year, whilst in Hobart and Glenorchy the majority occurred in the latter part; 69 cases being notified in the first six months, and 59 in the remainder.

Typhoid Fever.—Nine cases of Typhoid Fever were notified during the year, as against eight for the preceding year. Four occurred in Hobart, three in Lilydale, and one each in Latrobe and Queenstown.

Rubella.—Four cases of this disease were notified.

Hydatids.—Only two cases of this disease were notified, one from the Kingborough Municipality and one from Oatlands.

Infantile Diarrhoea.—Following a recommendation made by the National Health and Medical Research Council, Infantile Diarrhoea in children under two years was declared a notifiable disease under the Public Health Act, 1935. However, a condition that did not persist for more than 48 hours need not be notified. The Governor-in-Council approved this measure on March 8th last, and since then 19 cases have been notified.

RECORD OF EPIDEMIC OF ACUTE ANTERIOR POLIOMYELITIS, AND RECOMMENDATIONS MADE BY POLIOMYELITIS STANDING COMMITTEE.

In the preceding year, 46 cases of Acute Anterior Poliomyelitis were notified in a mild epidemic, and almost all cases made a satisfactory recovery, with no deaths. However, during the year a more virulent epidemic attacked the State, during which 206 cases occurred and 12 deaths resulted therefrom.

Two sporadic cases were notified in August and September, one from the Westbury Municipality and the other from the Burnie Municipality. A further two cases, considered to be sporadic, were reported in October, one from Deloraine and one from Hobart. At this stage the first meeting of the Standing Committee was held to consider the position, but members were of the opinion that, as sporadic cases do so frequently occur prior to the commencement of summer, the imposing of restrictions would not be warranted. Their decision was based on the proposition that signs of an epidemic were not apparent.

Unfortunately, events were to prove otherwise, and during the month of November 14 cases were notified, seven of which came from the Wynyard Municipality, three from Burnie, three from Hobart, and one from Launceston. During this month three local authorities notified cases for the first time, whereas the disease was notified as being in five municipalities in all. It was now clear that an epidemic of Poliomyelitis had commenced. The seven cases in the Wynyard Municipality occurred in the township of Elliott, and the Director of Public Health, who was also

chairman of the Standing Committee, visited this area to investigate the position, and upon his return reported as follows:—

“Enquiries indicate that the main centre is in a small area at Elliott in close proximity to the general store, church and school. It can be assumed that some very mild unrecognised cases have occurred in this small area and these are linked with the notified cases from Elliott, also with two notified from Burnie and one from Launceston. It can be accepted that at least six and probably seven cases have received their infection either from a common source or from one person to the other in this district. Precautions have been taken in this area to warn householders where cases have occurred to keep away from gatherings and to notify at once any mild symptoms which might suggest further developments.”

The first death occurred on November 24th, being one of the cases notified from the Elliott area only five days previously. This was indicative of the virulent type of epidemic that was commencing. On 11th December, 1950, the Standing Committee held its second meeting and, in reviewing the position, immediately recommended to the Minister that the restrictions as imposed in the preceding epidemic be again brought into force. It is considered of interest briefly to refer to these recommendations, as they indicate the view that, once cases of Poliomyelitis have occurred, compulsorily restricting certain public gatherings would be of little use. The recommendations are as follows:—

1. That the Committee, having carefully studied the epidemiology of Acute Anterior Poliomyelitis, is of the opinion that no useful purpose would be served by compulsorily restricting public gatherings. This opinion is reached because healthy “carriers” are extremely numerous in times of epidemic prevalence, and this, as well as mild unrecognised cases, plays a major roll in the spread of the disease.
2. The Committee strongly recommends that parents take all possible measures to prevent their children making unnecessary personal contacts, particularly with new groups of children.
3. The Committee considers that any assembly of young people where competitive sport or strenuous exercise is to be undertaken should be avoided, because the fatigue involved is one of the main factors in determining paralysis should infection occur.
4. At the first sign of even trivial illness, parents should put their children to bed.
5. The Committee recommends that all children in contact with proven cases be restricted from going to school for a period of three weeks.

The above recommendations were along the lines of suggestions to parents that the making of new personal contacts should not be entered upon, but that if they continued with their normal lives the result would not be alarming.

In the following matters, however, the Committee took positive action:—

- (a) All artificial fresh-water swimming pools be not allowed to open until further notice;
- (b) All tonsillectomy operations and teeth extractions be curtailed until further notice, unless the case be of an urgent nature;
- (c) All Diphtheria and Whooping Cough injections be curtailed until further notice;
- (d) All intramuscular injections be curtailed until further notice.

These recommendations were put into effect forthwith, and literature and propaganda issued to all sections of the community.

The month of December indicated a rise in the incidence of the disease, when 24 cases were notified. Five municipalities notified cases for the first time, viz. Circular Head, Clarence, Glenorchy, Lilydale and Westbury. The greatest incidence was in Launceston, where eight cases occurred in the month. Another death occurred during this month, a boy aged six years from the Circular Head Municipality. The circumstances surrounding this case were that the boy had been to Smithton several times prior to contracting the disease, and that at his place of residence a plague of flies had occurred just prior to his contracting the disease. There seems little doubt that flies are one of the chief mediums of carrying the virus, and the Department carried out an intensive campaign on flies, issuing pamphlets and making several press statements on this particular point.

The epidemic reached its peak in the month of January, when 70 cases in all were notified. Fourteen municipalities notified cases for the first time. It was now clear that the epidemic had spread throughout the State and that only nine municipalities had not reported cases. Fifteen of the cases reported were from Hobart, eight from Glenorchy, six from Burnie, seven from Launceston and five from Devonport. As this is the period during which the movement of people for the holiday festivities takes place, it is indicative that the making of new personal contacts does assist materially in the spread of an epidemic. Five more deaths occurred during this month, all being in the age group 15-25 years. The deaths were reported from five different municipalities, one being from the Wynyard Municipality, which made two deaths from that area during the epidemic.

The Committee met again during the month of January, and again emphasised its recommendation to the Minister that people be strongly advised to restrict their movements, thus avoiding making new personal contacts. At its meeting on the 24th January, the Committee was posed with the question of whether schools should be allowed to re-open. In agreeing to the proposition, the Committee indicated that the controlled activity of children when at school is much better than the uncontrolled activity when they are on vacation. However, a strong plea was made to the Education Department that strict supervision should be exercised over children to see that they wash their hands and wipe them after attending the toilet, and that children be not allowed to engage in strenuous competitive sports.

Having reached its peak in January, the number of cases for February dropped to 54, and five new municipalities contributed to the list of notifications, viz. Evandale, Fingal, George Town, Green Ponds and Ringarooma. A further death was reported of a girl aged 18 from the Fingal area. The signs that the epidemic was abating in February continued in March, when the number of cases dropped to 30 and only four municipalities notified cases for the first time. They were Beaconsfield, Burnie, New Norfolk and Zeehan. Hobart notified six of the cases, whereas four came from the Launceston Municipality. Three further deaths occurred during this month, viz. a female aged 28 years, a female aged 38 and a male aged 39.

As the epidemic was now showing signs of subsiding and as it had spread to all municipalities in the State, the Committee, on the 27th March, recommended that all restrictions be relaxed. A further ten cases were reported from the end of March to the end of June. A further death occurred on the 9th April, a male 25 years of age.

Table 1 shows the age and sex groupings of all cases notified, Table 2 the municipal distribution of the deaths reported, and Table 3 the age and sex groupings of the deaths.

The Standing Committee on Poliomyelitis will meet in October next to consider the epidemiology of the two preceding epidemics, with a view to formulating a policy for the future.

It is to be hoped that a future epidemic will not occur for a considerable period, but the number of cases occurring in the other States of the Commonwealth at the present time does not suggest that this optimistic view will be realised.

TABLE 1.
Acute Anterior Poliomyelitis.
Age and Sex Groupings, 1950-51.

Month	M	F	M	F	M	F	M	F	M	F	M	F	Total	
	0	5	5	10	10	20	20	45	45	65	65 & over		M	F
August .....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	—
September .....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	—	1
October	1	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	2	—
November	1	2	1	2	3	3	1	1	.....	.....	.....	.....	6	8
December	3	5	2	2	2	3	4	3	.....	.....	.....	.....	11	13
January	9	10	6	8	12	12	8	4	.....	1	.....	.....	35	35
February	7	4	4	3	10	7	10	8	.....	1	.....	.....	31	23
March	4	3	.....	.....	3	5	9	6	.....	.....	.....	.....	16	14
April	1	2	1	.....	.....	.....	.....	1	.....	.....	.....	.....	2	3
May .....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	—	1
June .....	.....	2	1	1	.....	.....	.....	.....	.....	.....	.....	.....	1	3
TOTAL	26	28	16	17	31	31	32	23	.....	2	.....	.....	105	101

TABLE 2.

Acute Anterior Poliomyelitis.

Municipal Distribution—Deaths—1950-51.

Wynyard	2
Circular Head	1
Launceston	1
Hobart	3
Devonport	1
Fingal	1
Ringarooma	1
Queenstown	1
Kingborough	1
TOTAL	12

TABLE 3.

Acute Anterior Poliomyelitis.

Age and Sex Groupings—Deaths—1950-51.

Age Group	5-10		10-20		20-45		Total	
	M.	F.	M.	F.	M.	F.	M.	F.
	1	....	1	3	6	1	8	4

TABLE A.

RETURN Showing Monthly Notifications of Notifiable Infectious Diseases During the Year 1950-51.

Month	Diphtheria	Typhoid Fever	Scarlet Fever	Tubercu- losis (All Forms)	Puerperal Fever	Cerebro- Spinal Meningitis	Acute An- terior Pol- iomyelitis	Amoebic Dysentery	Bilharziasis	Infantile Diarrhoea	Rubella	Hydatids	Total	Venereal Diseases
July	..	..	25	22	..	2	..	1	..	..	..	..	51	4
August ..	4	2	20	21	..	..	1	..	..	..	..	..	48	9
September ..	2	..	8	18	1	2	1	..	..	..	3	..	35	4
October ..	4	..	5	15	..	1	2	..	..	..	1	..	28	3
November ..	1	2	6	29	1	3	14	2	..	..	..	..	58	..
December ..	2	1	4	20	..	..	24	..	..	..	..	1	52	5
January ..	2	..	7	19	..	..	70	..	..	..	..	..	98	3
February ..	..	3	2	15	..	..	54	..	..	..	..	..	74	4
March	..	..	4	16	1	4	30	..	1	14	..	..	70	8
April	..	1	11	21	..	2	5	2	..	3	..	1	46	2
May	..	..	12	23	..	..	1	..	..	..	..	..	36	..
June	..	..	23	18	..	4	4	..	..	2	..	..	51	3
Total	15	9	128	237	3	18	206	5	1	19	4	2	647	45

TABLE B.
RETURN Showing Notifications of Notifiable Infectious Diseases, according to Municipalities,
During the Year 1950-51.

Municipalities	Diphtheria	Typhoid Fever	Scarlet Fever	Tuberculosis (All Forms)	Puerperal Fever	Cerebro-Spinal Meningitis	Acute Anterior Poliomyelitis	Amoebic Dysentery	Bilharziasis	Infantile Diarrhoea	Rubella	Hydatids	Total
Beaconsfield .. .	...	...	1	4	...	...	1	...	...	...	...	...	6
Bothwell .. .	...	...	...	1	...	...	...	...	...	...	...	...	1
Brighton .. .	...	...	3	1	...	...	1	...	...	1	...	...	6
Bruny .. .	...	...	...	...	...	...	3	...	...	...	...	...	3
Burnie .. .	...	...	4	8	...	...	16	...	...	...	...	...	28
Campbell Town .. .	...	...	2	1	...	...	1	...	...	...	...	...	4
Circular Head .. .	...	...	29	2	...	...	6	...	...	...	...	...	37
Clarence .. .	1	...	2	8	...	2	9	...	...	1	...	...	23
Deloraine .. .	1	...	...	4	...	...	4	...	...	...	...	...	9
Devonport .. .	1	...	...	6	...	...	10	...	...	...	...	...	17
Esperance .. .	...	...	...	...	...	1	...	...	...	...	...	...	1
Evandale .. .	...	...	2	...	...	...	1	...	...	...	...	...	3
Fingal .. .	...	...	...	2	...	...	2	...	...	...	...	...	4
Flinders .. .	...	...	...	3	...	1	...	...	...	...	...	...	4
George Town .. .	...	...	...	1	...	...	1	...	...	...	...	...	2
Glamorgan .. .	...	...	...	1	...	...	...	...	...	...	...	...	1
Glenorchy .. .	...	...	17	19	...	...	20	...	...	4	...	...	60
Gormanston .. .	...	...	...	1	...	...	...	...	...	...	...	...	1
Green Ponds .. .	...	...	...	...	...	...	1	...	...	...	...	...	1
Hamilton .. .	...	...	1	5	...	...	1	...	...	...	...	...	7
Hobart .. .	4	4	34	56	...	10	46	2	1	6	3	...	162
Huon .. .	...	...	1	2	...	...	4	...	...	1	...	...	8
Kentish .. .	...	...	2	...	1	...	3	...	...	...	...	...	6
Kingborough .. .	...	...	4	8	...	...	...	...	...	...	...	1	13
King Island .. .	...	...	1	...	...	...	...	...	...	...	...	...	1
Latrobe .. .	...	1	...	3	1	...	...	...	...	...	...	...	5
Launceston .. .	9	...	13	36	...	2	24	1	...	...	...	...	85
Lilydale .. .	2	3	...	1	...	1	7	...	...	...	...	...	14
Longford .. .	...	...	...	5	...	...	6	1	...	2	...	...	14
New Norfolk .. .	1	...	...	12	...	1	2	1	...	1	...	...	18
Oatlands .. .	...	...	...	1	...	...	...	...	...	...	...	1	2
Penguin .. .	...	...	...	3	...	...	2	...	...	...	...	...	5
Port Cygnet .. .	...	...	2	1	...	...	...	...	...	...	...	...	3
Portland .. .	...	...	...	1	...	...	1	...	...	...	...	...	2
Queenstown .. .	...	1	...	10	...	...	1	...	...	2	...	...	14
Richmond .. .	...	...	...	3	...	...	...	...	...	...	...	...	3
Ringarooma .. .	...	...	1	5	...	...	4	...	...	...	...	...	10
Ross .. .	...	...	1	...	...	...	1	...	...	...	1	...	3
Scottsdale .. .	...	...	...	...	...	...	4	...	...	...	...	...	4
Sorell .. .	...	...	...	1	1	...	1	...	...	...	...	...	3
Spring Bay .. .	...	...	1	2	...	...	...	...	...	...	...	...	3
St. Leonards .. .	...	...	5	3	...	...	...	...	...	...	...	...	8
Strahan .. .	...	...	...	1	...	...	...	...	...	...	...	...	1
Tasman .. .	...	...	...	...	...	...	...	...	...	...	...	...	...
Ulverstone .. .	...	...	...	4	...	...	10	...	...	...	...	...	14
Waratah .. .	...	...	...	...	...	...	1	...	...	...	...	...	1
Westbury .. .	...	...	1	3	...	...	3	...	...	...	...	...	7
Wynyard .. .	...	...	1	4	...	...	8	...	...	1	...	...	14
Zeehan .. .	...	...	...	4	...	...	1	...	...	...	...	...	5
TOTAL .. .	15	9	128	236	3	18	206	5	1	19	4	2	646

TABLE C.
RETURN Showing Age and Sex Groupings of Cases of Notifiable Infectious Diseases Notified
During the Year 1950-51.

DIPHTHERIA.

Month.	Under 5 yrs.		5 yrs. & under 10.		10 yrs. & under 20.		20 yrs. & under 45.		45 yrs. & under 65.		65 yrs. & over.		Totals.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
July .....	....	....	....	....	....	....	....	....	....	....	..	....	....	....
August .....	....	1	2	....	1	....	....	....	....	....	..	....	3	1
September ..	1	....	....	1	....	....	....	....	....	....	..	....	1	1
October	2	....	....	2	....	....	....	....	....	....	..	....	2	2
November	1	....	....	....	....	....	....	....	....	....	..	....	1	....
December .....	....	....	....	1	....	1	....	....	....	....	..	....	....	2
January .....	....	....	....	1	....	....	1	....	....	....	..	....	1	1
February .....	....	....	....	....	....	....	....	....	....	....	..	....	....	....
March .....	....	....	....	....	....	....	....	....	....	....	..	....	....	....
April .....	....	....	....	....	....	....	....	....	....	....	..	....	....	....
May .....	....	....	....	....	....	....	....	....	....	....	..	....	....	....
June .....	....	....	....	....	....	....	....	....	....	....	..	....	....	....
TOTAL	4	1	2	5	1	1	1	....	....	....	..	....	8	7

SCARLET FEVER.

Month.	Under 5 yrs.		5 yrs. & under 10.		10 yrs. & under 20.		20 yrs. & under 45.		45 yrs. & under 65.		65 yrs. & over.		Totals.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
July	3	1	11	7	....	1	....	1	....	1	1	....	15	11
August	1	4	4	2	3	1	3	2	....	....	....	....	11	9
September ..	....	2	....	2	....	1	1	1	....	1	....	....	1	7
October .....	....	2	....	3	....	....	....	....	....	....	....	....	....	5
November	3	....	1	....	....	1	1	....	....	....	....	....	5	1
December .....	....	....	2	....	1	1	....	....	....	....	....	....	3	1
January	2	2	....	1	....	2	....	....	....	....	....	....	2	5
February .....	....	1	1	....	....	....	....	....	....	....	....	....	1	1
March	1	....	....	1	2	....	....	....	....	....	....	....	3	1
April .....	....	5	3	3	....	....	....	....	....	....	....	....	3	8
May	5	3	1	2	1	....	....	....	....	....	....	....	7	5
June	5	2	9	4	3	....	....	....	....	....	....	....	17	6
TOTAL	20	22	32	25	10	7	5	4	....	2	1	....	68	60

CEREBRO-SPINAL MENINGITIS.

Month.	Under 5 yrs.		5 yrs. & under 10.		10 yrs. & under 20.		20 yrs. & under 45.		45 yrs. & under 65.		65 yrs. & over.		Totals.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
July	1	....	1	....	....	....	....	....	....	....	....	....	2	....
August .....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
September ..	1	....	....	....	....	....	....	....	1	....	....	....	2	....
October .....	....	....	....	....	1	....	....	....	....	....	....	....	1	....
November	2	....	....	....	....	....	1	....	....	....	....	....	3	....
December .....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
January .....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
February .....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
March	2	2	....	....	....	....	....	....	....	....	....	....	2	2
April	1	....	1	....	....	....	....	....	....	....	....	....	2	....
May .....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
June	1	1	....	....	....	1	1	....	....	....	....	....	2	2
TOTAL	8	3	2	....	1	1	2	....	1	....	....	....	14	4

HYDATIDS.

Month.	Under 5 yrs.		5 yrs. & under 10.		10 yrs. & under 20.		20 yrs. & under 45.		45 yrs. & under 65.		65 yrs. & over.		Totals.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
July														
August														
September ..														
October														
November														
December								1	....	....	....	....	....	1
January														
February														
March														
April	1	....	....	....	....	....	....	....	....	....	....	....	1	....
May														
June														
TOTAL	1	....	....	....	....	....	....	1	....	....	....	....	1	1

VENEREAL DISEASES.

For the year under review, a further decrease is disclosed in the number of notifications of venereal diseases. In the preceding year 101 cases were notified, but this figure has now dropped to 45. The decrease occurred both in regard to gonorrhoeal notifications and those from primary and secondary syphilis. It is again noticeable that the number of males notified, particularly in regard to gonorrhoea, very greatly exceed females.

Efforts are made to obtain information regarding possible infecting contacts, and these are followed up wherever possible.

Table D gives a summary of the notifications, and Table E the age and sex distribution.

TABLE D.

*SUMMARY of Notifications of Venereal Diseases
During the Year 1950-51.*

	Males.	Females.	Total.
Gonorrhoea	25	4	29
Primary Syphilis	2	—	2
Secondary Syphilis	3	7	10
Tertiary, Congenital and Sero-positive Syphilis	2	2	4
	32	13	45

Sources of Notification.

Notified by Hospital	Males.	Females.	Total.
Clinics	25	11	36
Notified by Private Practitioners	7	2	9
	<u>32</u>	<u>13</u>	<u>45</u>

TABLE E.
RETURN Showing Age and Sex Distribution of Cases of Venereal Diseases Notified During the Year 1950-51.

	Under 1 Year		1-5		5-10		10-15		15-20		20-25		25-30		30-35		35-40		40-45		45-50		50-55		55-60		60-65		65-70		Age not stated		Total		Grand total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
Gonorrhoea	...	...	...	...	...	...	...	...	2	1	6	...	5	2	6	...	4	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	24	4	28
Primary Syphilis	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	
Secondary Syphilis	...	...	...	...	...	...	...	...	1	...	1	2	1	3	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	5	6	11	
Tertiary, Congenital, or Sero- Positive Syphilis	...	...	...	...	...	...	...	1	...	1	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	2	4	
Totals	...	...	...	...	...	...	...	1	3	2	8	2	7	5	7	...	5	1	2	...	1	...	...	...	...	...	...	...	...	...	...	1	33	12	45

MATERNAL AND CHILD HEALTH.

The Maternal and Child Health Section is responsible for the administration of Maternal and Child Welfare, and of School Medical and Dental Services.

The report of the year's activities in the field of Maternal and Child Welfare has been prepared by the Supervisory Sister (Sister O. M. Green), that of the School Medical Service by the Temporary School Medical Officer (Dr. H. Gibson), and that of the School Dental Service by the Senior Dental Inspector (Mr. A. W. Scott).

Child Welfare.

The year under review shows very decided progress in Tasmanian child welfare work, and a close inspection of the figures given in Table F must bring some measure of satisfaction to everyone concerned. Not only has the work expanded further afield, but each year shows an increase in the attendance of mothers and babies at the centres and a marked increase in the number of visits paid to homes by the Sisters.

Centres.—At the 30th June, 1951, there were 82 child welfare centres in the State, including five travelling clinics. This is an increase of eight over the previous year. There have been many more demands from the public for new centres than the Department has been able to satisfy, owing to difficulty of obtaining staff.

Staff.—The staff comprised 46 child welfare sisters (41 full-time and five part-time) and one mothercraft nurse, and many changes have taken place during the year.

Home Visiting.—This has been facilitated greatly by the use of Government as well as private cars by the Sisters in the various districts. There are now eight Government and 11 private cars in use, mileage for which is paid by the Department. Many mothers in remote areas can therefore benefit from this valuable service to the community, which has hitherto been inaccessible to them. Visits to homes totalled 55,879, an increase of 7,000 over the previous year. In addition, 3,271 visits were paid to expectant mothers. Today the spotlight is focussed on the physical and mental well-being of the pre-school child as well as on the baby, hence the importance of home visiting and the establishing of the greatest

degree of confidence between the mother and the child welfare sister. Tablets for the prevention of goitre have been distributed regularly to the children.

Attendances at Centres.—There were 134,690 attendances at the centres, an increase of 3,730 compared with the year 1949-50.

Immunisation and Vaccination.—There were 226 children immunised against Diphtheria and Whooping Cough and 12 vaccinated against Smallpox—only half last year's figures for immunisation, owing to the epidemic of Acute Anterior Poliomyelitis.

Medical Supervision.—A paediatrician has paid weekly visits to Hobart, North Hobart and Moonah Clinics in the South, and to the central clinics at Launceston and Burnie. The Sisters have been able to refer to these doctors any dietetic cases needing medical advice, and the help given has been very valuable.

Student Nurses.—The trainee nurses undertaking post-graduate courses at the Mothercraft Home and Calvary Hospital are tutored by child welfare sisters during their three weeks' district experience and training. During the year, 45 student nurses passed through the centres for training.

Lectures.—Lectures to schoolgirls were given in 34 schools, and 376 certificates of competency issued following examination. This is an important section of the work, and an endeavour is made to present the subject in such a way that it will not only appeal to the motherly instincts of the girls, but sow the seed for the future recruitment of general and mothercraft nurses. Radio talks on mothercraft are given by Sisters in various parts of Tasmania.

Literature.—During the year the Child Welfare Nurses' Guide Book was revised and placed in the hands of the Printer. All other literature has been brought up to date.

Infant Mortality.—The yardstick by which the value of child welfare service is measured is the infant mortality. For the twelve months ended 31st December, 1950, the infant mortality rate again reached the lowest level in the State's history, viz. 23.8 per 1,000 births.

TABLE F.
SUMMARY of Work Performed by Child Welfare Sisters During the Year, 1950-51.

No. of Centres.	Visits to Individual New-born Babies.	Subsequent Visits to Mothers.	Visits to Expectant Mothers.	Total Visits to Homes.	Individual Babies Attending Centres.	Attendances at Centres.				Total Attendances at Centres.
						Babies.	Pre-School Children	Older Children	Expectant Mothers	
82 (Including 5 Mobile Units)										
Southern Tas.	2875	22,736	2480	28,091	8,747	48,841	7,984	10,293	621	67,739
Northern Tas.	3870	23,127	791	27,788	11,550	53,704	9,971	2,675	601	66,951
Total ...	6745	45,863	3271	55,879	20,297	102,545	17,955	12,968	1222	134,690

Mothercraft Home.—The Mothercraft Home, which is a training centre for Child Welfare and Mothercraft Nursing Trainees, is a Departmental Institution which admits babies suffering from dietetic irregularities. The number of such admissions was 164. Two infant deaths were recorded, one of a premature baby and one as a

result of a cardiac condition. The number of certificates issued after examination was:—

To Child Welfare Sisters	22
To Mothercraft Nurses	10

The report of the Matron is contained in Appendix III.

TABLE G.
INFANTILE MORTALITY.
*Number of Deaths under One Year in Tasmania
for the last 10 Calendar Years.*

	Year.									
	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.
Deaths.....	255	224	226	199	159	207	195	193	170	172

Infantile Mortality Rate (Deaths per 1000 Births).

Year.	Tasmania.	N.S.W.	Victoria.	Queens- land.	South Australia.	Western Australia.	New Zealand.	North. T'tory	Aust. Cap. Ter.	Aust.
1941.....	49·0	43·8	36·2	39·1	32·5	35·3	29·7	83·3	16·4	39·7*
1942.....	42·2	40·1	41·8	34·8	39·5	36·8	28·7	43·5	25·5	39·5*
1943.....	40·4	36·2	35·8	37·8	36·7	32·6	31·3	75·0	18·6	36·3*
1944.....	38·3	30·7	33·0	31·3	29·0	32·7	30·1	22·5	23·4	31·3*
1945.....	27·5	30·6	28·0	29·8	28·0	29·6	28·0	55·6	12·4	29·4*
1946.....	30·2	30·2	27·2	29·3	27·1	31·1	26·1	30·3	19·3	29·0*
1947	27·3	29·8	26·3	30·8	24·3	30·9	25·0	43·5	19·9	28·5*
1948.....	27·7	30·3	23·9	27·9	29·6	25·6	22·0	35·7	23·4	27·7*
1949.....	23·9	27·3	21·9	24·7	27·7	26·0	23·8	28·9	15·9	25·3*
1950.....	23·8	27·1	20·1	24·7	24·0	27·1	(a)	43·8	21·0	24·5*

* Excludes New Zealand

(a) Not available.

TABLE H.

*TABLE Showing the Principal Causes of Death of Children under 1 Year of Age in Tasmania
in Each Year from 1941 to 1950.*

Causes of Death.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.
Searlet Fever, &c.	...	...	...	...	...	...	..	...	...	...
Whooping Cough	25	1	2	8	1	...	4	4	2	1
Diphtheria and Croup	2	1	...	1	2	1	...	...	...	...
Other Epidemic Diseases	...	5	2	3	1	2	3	4	5	...
Tetanus	...	...	...	...	..	...	...	...	...	...
Tubercular Meningitis	1	1	...	1	...	2	...	...	...	1
Syphilis	...	...	...	...	1	...	1	1	...	...
Measles	...	2	...	...	1	...	...	...	...	...
Convulsions	2	1	2	...	1	...	1	...	...	...
Bronehitis	3	1	1	3	1	1	1	1	3	...
Broncho-pneumonia	23	32	22	24	10	15	20	18	19	10
Lobar Pneumonia & P'monia Unspecified	5	7	10	3	4	2	2	5	2	4
Gastro-Enteritis, Diarrhœa, & Enteritis	2	7	13	5	4	2	2	6	...	2
Other Diseases of the Stomach	2	...	...	...	...	...	...	...	2	...
Congenital Defects	18	17	20	24	20	21	19	19	21	27
Debility, Marasmus.....	18	10	14	7	5	3	3	...	2	3
Premature Birth and Injury at Birth ...	105	89	82	87	81	110	107	100	72	53
Otaer Diseases of Early Infancy	33	33	41	14	15	26	18	11	25	51
Other Causes	16	17	17	19	12	22	14	24	17	20
Total	255	224	226	199	159	207	195	193	170	172
Infantile Mortality Rate (per 1000 Births) ...	49·0	42·2	40·4	38·3	27·5	30·2	27·3	27·7	23·9	23·8
Total Births	5206	5305	5597	5200	5785	6847	7140	6979	7110	7242

TABLE 1.
(Showing Ages and Causes of Death under
One Year—1950.)

Causes of Death and Classification Number.						Total under 1 year.
	Under 1 week.	1 week and under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.	
01a Tubercular Meningitis	...	...	...	...	1	1
05g Whooping Cough	...	...	...	1	...	1
05h Meningococcal Infections	...	...	...	1	...	1
15i Cancer of Peritoneum	...	...	...	...	1	1
20e Leukaemia	...	...	...	1	1	2
29d Anaemia	...	...	...	1	...	1
34 Diseases of central nervous system	1	...	1	...	2	4
48 Influenza	...	...	...	1	1	2
49 Pneumonia (All forms)	...	...	2	2	10	14
55 Appendicitis	...	...	...	...	1	1
57b Gastro-enteritis	...	...	1	...	1	2
58f Disease of Pancreas	...	...	...	...	1	1
59a Acute Nephritis	...	1	...	...	...	1
60a Pyonephrosis	...	...	1	...	...	1
75 Congenital Malformations	6	6	6	5	4	27
76a Injury at Birth	17	1	...	...	...	18
76c Asphyxia Atelectasis	28	...	...	...	...	28
76d Pneumonia of Newborn	2	2	...	...	...	4
76j Maternal Toxaemia	7	1	...	...	...	8
77a Erythroblastosis	4	...	...	...	...	4
Other diseases of early infancy	4	1	3	2	...	10
77g Immaturity	34	1	...	...	...	35
78c Ill-defined symptoms	1	...	...	...	...	1
80-91 Accidents	...	...	1	1	2	4
Total	104	13	15	15	25	172

School Medical Service.

This year was marked by the retirement of Dr. C. L. Park, whose interest in the School Medical Service has been an inspiration to all members of the staff. There were several other changes in the medical and nursing personnel. Dr. J. Kennard, School Medical Officer, resigned in May. Her contribution to the administration of the Service cannot be too highly praised, and must have far-reaching benefits. Dr. G. R. Nash and Dr. H. Gibson carried out part-time duties in the South, and in addition Government Medical Officers examined children in their districts. In June, 1951, Dr. Gibson succeeded Dr. Kennard, and Dr. M. Young commenced in a part-time capacity. Sister G. S. Lamprill's retirement from the nursing staff completed many years of splendid service. Personnel of Sisters has changed, but there have been four working in the North, six in the South (two of them part-time), and one on the West Coast.

Medical Examinations.—The number of children examined totalled 13,249. Most of these were in the southern half of the State, owing to the difficulty of obtaining medical officers for the North. Forty-three per cent were found to be normal. In the 57 per cent with defects, dental caries occurred most frequently, being found in 27 per cent of the total number of children examined and forming 54 per cent of all defects found. Of those children requiring dental atten-

tion, 25 per cent (1,136) are known to have had treatment. In addition, 1,346 children notified after medical examination in the previous year have been treated. Other defects found frequently have been unhealthy tonsils, goitre, skin conditions, postural defects, underweight, defective vision and other eye conditions. Of these children 724 (and 552 from previous year's examinations) have received treatment.

Mothers of pre-school children and entrants at kindergartens and primary schools have been invited to be present at the examinations. Seven hundred and thirty-nine children were examined in their mother's presence. This indication of the parents' interest in their children's health is most encouraging. It gives the Medical Officer and Sister a chance to discuss with the mothers many problems, including goitre prophylaxis and immunisation. It brings to the parents' notice the part played by the School Medical Service throughout the children's school days.

School Sisters' Work.—Home visiting by the School Sisters has continued during the year. A total of 4,674 visits was made for the purpose of following up the treatment of defects discovered during the medical inspections. Another 4,082 routine visits were made at the request of teachers, to advise on matters of hygiene, &c. It is felt that considerable advance in health education has resulted from these contacts with parents. In addition to school medical inspections, there were 57,772 contacts with children. These included the numbers seen in routine cleanliness inspections, entrants interviewed, children referred by teachers or parents for the Sister's advice, and observation cases noted on previous visits to the particular school. Approximately 2,000 children were seen and treated as minor casualties. The Sisters have also assisted local authorities in their immunisation of school children against Diphtheria. At the Annual Conference in January, lectures on medical and dental subjects were much appreciated. These help to keep the nursing staff in touch with the clinical aspect of their profession.

Expansion of Service.—Plans for further increasing the medical and nursing staffs are in hand, so that it is confidently expected that, within another year, all districts in the State will be supervised by a School Sister, and that each child will have a complete medical examination every two years.

School Dental Service.

The amount of work carried out during the year is almost double that performed last year. There were two main reasons for this. One was the increased number of dentists in the Service. The year commenced with only four and ended with eight. Another was the provision of improved equipment in both the static and mobile units, including the addition of two modern mobile units. With the addition of the mobile clinic which is almost ready for the road, and another for which the Department is negotiating, the present year should be a record one for the School Dental Service.

During the year some private dentists were employed on a sessional basis. Although they served a useful purpose, a perusal of the individual totals will show that it is a much better proposition to have Departmental dentists when available.

Children attending schools in the following districts were afforded treatment:—Sprent, Castra, Abbotsham, Scottsdale, Maydena, Westaway, Glenora, Waratah, Bridport, Penguin, Tullah, Williamsford, Rosebery, Zeehan, Oatlands, Riana, South Riana, West Pine, Cuprona, Stowport, Natone, Strahan, Queenstown, West Zeehan, Ridgley, Wivenhoe, Burnie, Devonport State and Convent, Springfield, Campbell Town, Bruny Island, Beaconsfield, Ringarooma, Exeter, Flinders Island, Sheffield, Wynyard, Pioneer, Huonville, Launceston, Hobart.

A total of 20,916 visits was paid to the clinics, comprising 10,647 new visits and 10,269 repeat visits.

Treatments afforded were as follows:—

Treatments	16,232
Fillings	8,504
Extractions	15,234
Cleanings	1,842
TOTAL	41,812

NUTRITION.

The report in regard to this Section has been prepared by the Nutrition Officer (Miss A. Osmond).

Most of the routine activities, viz. lectures to trainee teachers and nurses, refresher lectures, talks to parents' groups, assistance with school feeding and milk schemes, and advice to expectant and nursing mothers, were continued and in some directions expanded during the year. However, the work of general nutrition education has been taken over to a large extent by the Health Education Council, and as a result new avenues for education have been exploited, in particular radio talks by the "Family Doctor," radio scatters and poster displays. It is noteworthy that nutrition has been co-ordinated with other aspects of health education.

In the previous report it was mentioned that an Advisory Service on Institution Feeding was being developed. In this connection a cooks' training course was organised and conducted at the Royal Hobart Hospital.

In the Autumn of 1951 the Nutrition Section conducted the first series of practical demonstrations to the public. This was a demonstration on the preparation of rose hip syrup. Forty-four demonstrations were given at Hobart, Launceston, and twenty-eight other centres. Attendances totalled 1,250, including 375 schoolgirls. Local arrangements for most of the demonstrations were made by the Committees of the Child Welfare Associations. The success of the tour was largely due to the co-operation of these and other organisations.

The Section has begun a new service, whereby special dietary advice is given to the parents of children found to be suffering from malnutrition at the school medical examinations. It is hoped to extend this service in the course of the next year.

Goitre.—Nearly all the larger schools were visited during November and December, 1950, in connection with the distribution of potassium iodide tablets for the Christmas vacation period.

Committees.—The two officers of the Nutrition Section serve on a number of Committees, noteworthy ones being the Health Education Council and sub-committees thereof, and the Syllabus Committee for Health and Physical Education within the Education Department.

JOHN EDIS, M.R.C.S., L.R.C.P., M.R.C.O.G.,
Acting Director of Public Health.

APPENDIX I.
REPORT OF CHIEF HEALTH INSPECTOR FOR THE
YEAR ENDED 30th JUNE, 1951.

Staff.

Mr. P. L. Knott was transferred from the clerical section, and appointed as a Cadet Health Inspector. Mr. A. Gillam resigned in March, and Mr. W. C. Wolnizer was appointed to fill his position. Mr. F. J. Bailey was appointed a part-time Inspector in the Portland Municipality to fill the vacancy caused by the death of Mr. J. Cooper.

Sanitary Surveys and Special Inspections.

Sanitary surveys, special inspections and enquiries, and food sampling were carried out in all municipalities throughout the State. In the course of the visits, works of an educational and practical character were performed with a view to increasing the knowledge of local health inspectors and safeguarding the health of the public. Particular attention was directed to the supervision of domestic water supplies, disposal of drainage, garbage and night-soil, offensive trades, prevention of nuisances and infectious diseases, housing, safety of public buildings and places of public entertainment, and protection of food supplies from contamination. Conditions observed during the visits were recorded, local authorities advised, and measures taken to remedy defects. Follow-up inspections were made as required.

Details of inspections (which exclude those made by part-time inspectors engaged in municipal districts where health services are directly controlled by this Department) are set out hereunder:—

Nature of Inspection.	Number of Inspections.	Number of Matters Requiring Attention.
Bacteriolytic tanks, including sites and plans	2,058	299
Bakeries	116	46
Berry fruit inspections	319	16
Butchers' premises	169	45
Building plans, including public buildings and places of public entertainment	78	67
Boarding and guest houses	25	5
Dairying premises and milk depots	125	24
Disinfections and fumigations	19	
Domestic inspections	96	57
Drainage	217	116
Food premises	354	55
Fruit processing premises	127	12
Garbage depots	52	15
Hospitals, including sites and plans	11	4
Licensed premises	169	45
Miscellaneous	75	31
Mutton bird processing premises	76	47
Offensive trades	191	56
Places of public entertainment	212	111
Reserves, beaches, showgrounds, &c.	117	25
Sale yards	14	2
Sanitary depots and services	45	13
Schools	167	59
Sewerage schemes	8	3
Spirit testing (alcoholic)	689	12
Subdivisions of land	9	—
Water supplies	64	10

One hundred and thirty-nine orders were served under the Public Health, Food and Drugs, and Places of Public Entertainment Acts, requiring improvement of conditions. With three exceptions these were complied with. Action was taken against the defaulters, resulting in licences being cancelled or legal proceedings instituted.

Bacteriolytic Tank Installations.

One thousand one hundred and seventy-five new installations were approved by the Director of Public Health during the year under review. This is an increase of 179 over the previous year. The Scottsdale bacteriolytic tank sewerage scheme is progressing satisfactorily, some 260 installations having been effected. A similar scheme is about to be commenced for Bridport, and it is estimated this will comprise approximately 100 installations.

This convenient method of nightsoil disposal is still very popular and the advice and assistance given by Departmental officers is appreciated by the public desiring to avail themselves of these installations, where sufficient water supplies and suitable soil for absorption of effluent are available. Before such installations can be commenced applicants must submit applications and plans to the Director of Public Health for approval. The Department was obliged to take legal action for one breach of the Regulations in this respect. The defendant was convicted and penalties amounting to £14 17s. imposed.

Disposal of Drainage and Nightsoil.

Considerable trouble is still being experienced through pipes for drainage purposes being in short supply, consequently much attention is devoted by Inspectors in an endeavour to obviate nuisances caused thereby. In numerous cases the only remedy found is to insist on the construction of french drains where the ground is suitable for this purpose.

Attention had to be drawn to certain local authorities who failed to have disposal of nightsoil carried out in a satisfactory manner, this being chiefly due to insufficient labour and sanitary pans being available. In one case it was necessary to order a local authority to provide a nightsoil removal service to a large subdivision where neither sufficient land nor water was available for individual disposal. The action of the Department resulted in an adequate weekly removal service being provided by the local authority in question.

Food and Drugs.

Four hundred and sixty-seven samples of food, including 257 samples of milk, were procured and submitted for analytical examination. Of these, fourteen milks, three alcoholic spirits, nine creams and seven sausages were found to be below the prescribed standard. Legal proceedings were instituted in twelve instances. Defendants were found guilty, and fines and costs amounting to £91 imposed. In twenty-one cases of minor breaches of the law, warnings were issued.

Food condemned consisted of 178 cases of apples, 4 tons of berry fruit, 210 mutton birds, 1 carcase of mutton, and 2 ox tongues.

Sixteen warnings were issued in cases where berry fruit was not sufficiently below standard to warrant condemnation.

Twenty-five defective food containers were found to be unfit for use as such. These were seized and destroyed.

It was found necessary in one instance to recommend to a local authority that the registration of slaughtering premises be refused. The recommendation was adopted, and the premises subsequently vacated.

Supervision of Mutton Bird Industry.

In an endeavour to improve conditions under which mutton birds are processed, packed and marketed, a preliminary visit by inspectors was made to the Furneaux Group of Islands before the season opened, and orders served for repairing and rebuilding certain packing sheds. Further inspections carried out during the season showed that the necessary repairs and buildings had been completed, and the cleansing, processing and packing of mutton birds generally were being carried out satisfactorily. Four new packing sheds will be required for next season's use. An up-to-date factory has been constructed and equipped by Mr. F. Jackson on Babel Island, in which modern facilities are provided for cleansing, packing and processing mutton birds on a large scale for human consumption.

Berry Fruits.

The seasonal examination of consignments of berry fruits delivered to processing factories at Hobart, New Norfolk, Huon, Port Cygnet and Castle Forbes Bay was again carried out by Inspectors of this Department and temporary fruit inspectors appointed for this work. Although the number of consignments condemned was not as numerous as in previous years, an amount of over four tons of fruit was seized and destroyed owing to its being below the standard prescribed by the Food and Drugs Regulations. As this is the third season in succession that the Department has undertaken the responsibility of protecting this particular industry in regard to the quality

of fruit delivered, it is considered that the processing factories themselves should in future accept the responsibility for the quality of fruit forwarded by growers being up to the standard required.

Places of Public Entertainment.

The Committee appointed, consisting of officers of the Hobart Fire Brigade, Hobart City Council and this Department, have completed the work of consolidating the Regulations under the Places of Public Entertainment Act. These are being examined by this Department prior to submission to the law authorities for final drafting and approval.

Numerous plans have been examined by the Committee and reports submitted to the Director of Public Health in connection with the proposed construction of and alterations to public halls. The members of the Committee are to be complimented on the valuable work performed in this respect.

As the result of an extremely grave fire hazard existing at one place of public entertainment, it was found necessary to cancel the licence of this building until the requirements of the Places of Public Entertainment Act are complied with.

Conclusion.

In conclusion, I desire to thank Council Clerks and Local Health Inspectors for their co-operation and assistance. The Inspectorial Staff has given loyal and conscientious service throughout the year.

H. H. PARKER, M.R.S.I.,
Chief Health Inspector.

APPENDIX II.

REPORT OF GOVERNMENT ANALYST FOR THE YEAR ENDED 30th JUNE, 1951.

Staff.

The only change in the numerical strength of the staff was the employment of Mr. J. L. Davies as a temporary part-time technical assistant from December onwards, whilst completing a science degree at the University. The work of the Branch is increasing continually, not only in the number of materials and investigations handled, but in the complexity of the work involved. The progressive increase over the past five years is shown by the following figures:—

Year.	No. of Samples.
1946	1,734
1947	1,634
1948	1,988
1949 (first six months only)	1,125
1949-50	2,197
1950-51	2,426

A much greater increase of work than is indicated by the above figures comes from the tendency, especially in work for the various branches of the Department of Agriculture, to require much more investigational work and multiple determinations in connection with field experiments, &c. This will be referred to later in connection with proposals for future requirements.

Chemical Analyses and Investigations.

Table I.—Materials examined—

Foods	886
Soils	361
Petroleum products (oils, petrol, kerosene, &c.)	323
Waters	274
Animal nutrition	109
Hydrometers and thermometers	73
Fertilisers	49
Toxicology—human	41
Toxicology—animal	28
Plant nutrition	40
Pesticides	37
Human milk	33
Textiles and paper	30
Industrial hygiene and toxicology	23
Industrial materials and chemicals	21
Liming materials	19
Drugs and medicines	13
Criminal investigation	9
Lake mud	9
Paints and building materials	11
Metals, minerals, scales and sediments	14
Plant products (essential oils, resins, &c.)	12
Sewage and trade wastes	4
Disinfectants and soaps	3
Fodders	2
Marine products	1
Pathological specimens	1

Total 2,426

Table II.—Source of samples—

State Departments—	
Agriculture	543
Health	383
Police	40
Forestry	34
Labour and Industry	17
Transport	15
Hydro-Electric Commission	10
Premier's	9
Agricultural Bank	5
Public Works	5
Lands and Surveys	2
Salmon and Freshwater Fisheries' Commission	1
Attorney-General's	1
Commonwealth Departments—	
Trade and Customs	393
C.S.I.R.O.	100
Commerce and Agriculture	54
Forestry and Timber Bureau	18
Works and Housing	14
Repatriation	2
City Councils and Local Authorities	333
Child Welfare Centres	33
Hospitals	23
Private persons and firms	389
Total	2,426

Food and Drugs Act Analyses.

The following table summarises the results of analyses of food samples taken officially by inspectors of the Public Health Department and local authorities during the year:—

Foodstuff.	Number Received.	Number Below Standard.
Baking chemicals	2	....
Beer	1	1
Beverage foods	3	....
Bread	11	....
Butter	16	2
Cereals and starches	4	1
Cordials and Summer drinks	21	7
Cream	38	20
Custard and dessert powders	1	....
Eggs (canned)	1	....
Fats	4	....
Fruit juice and tinned fruit	3	....
Honey	1	....
Jam	3	1
Margarine	1	....
Meat products (canned)	9	....
Meat and fish paste	2	1
Milk	328	30
Sausages	13	8
Soup (canned)	2	....
Spices	1	....
Spirits	7	6
Spreads and savouries	7	....
Tea	11	....
Vegetables (canned)	15	....
	505	77

The proportion of samples which failed to comply with the requirements of the Food and Drug Regulations was 15.3 per cent. Milk, cream, sausages, spirits and cordials provided most of the infringements. Cream sold retail in shops was still being found deficient in butterfat content, too high in preservative, or improperly labelled, at the beginning of the year, but the position improved considerably later. Three samples of sausages were found to contain 57, 64 and 63 per cent of meat respectively, instead of the requisite 75 per cent. Others contained excessive preservative or cereal filler. The faulty spirit samples were watered to below strength. Five samples of cordials from a large consignment which had been in store for a considerable time had fermented. There was considerable pressure in some of the bottles, and the faulty varieties were segregated and destroyed by the local authorities' inspectors. Two lemonade bottles contained foreign matter—vegetable debris and linseed oil respectively.

In addition to the samples tabulated, 23 samples of berry fruits were checked for inspectors stationed at receiving depots, for the presence of added water.

Milk.

An examination of the results of milk analyses reveals the following:—

	Number of Samples.	Percentage of Total.
Complied with standard	298	90.9
Deficient in fat only	5	1.5
Below standard in non-fatty and/or total solids, but not watered	18	5.5
Watered	7	2.1
	328	100.0

These figures show an improvement on the previous year, when the percentage of samples above standard was 85.7. The proportion of watered samples (indicated by low freezing point depression) was about the same, but there was a decline in the number of sub-standard, but not adulterated, samples.

Waters, &c.

Next to soils and petroleum products, which are dealt with under the heading of the respective Departments, water samples (274) were next in numbers after foods. Most of the waters were examined for farmers as to suitability for use for stock, irrigation, general household purposes, hot water services and occasionally for human drinking purposes. In every case the results of analysis were interpreted for the sender, with suitable advice, and, in a number of cases, recommendations for treatment.

A number of special water investigations have been made. At the request of the Director of Industrial Development, special tests have been made at monthly and intermediate intervals to provide information on the Mersey River at Latrobe, in connection with the possibility of the establishment of a textile industry in the vicinity. The colour, turbidity, iron content and mineral analysis of the water were followed.

In connection with the researches of the Fisheries Division of the Commonwealth Scientific and Industrial Research Organisation into trout acclimatisation in lakes, a regular series of tests have been made into mineral content and biological oxygen demand of samples submitted. Following further studies in lake and pond fertilisation, samples of water and bottom mud have been regularly tested for nitrogen, phosphate, alkalinity and other constituents.

At the request of the Director of Public Health, the fluorine contents of the State's principal towns' water supplies have been determined. The amounts found were very low, in most cases 0.1 part per million and in no case exceeding 0.2 part per million.

Advice and assistance were given to the proprietors of an ice-skating rink on suitable treatment to prevent corrosion of the pipes of the freezing system by the brine used.

Complaints were investigated regarding abnormal taste, and colour, algae and corrosion in a number of public and private water supplies, and also suitable means suggested to prevent boiler pitting by certain waters.

Complete analyses were made in connection with a number of new water supplies proposed for small townships and municipalities, and the testing of the Hobart supplies for the City Engineer was continued at three-monthly intervals.

Toxicology, Police Investigations, &c.

Forty-one specimens and materials were examined in connection with cases of suspected human poisoning or alleged harmful effects. There were three cases of strychnine poisoning. Chloral, phenol, D.D.T.-copper mixture, anthisan, veganin accounted for one each. Evidence was given at the subsequent inquests by myself, and in one case by Mr. G. H. Payne. There were four negative cases.

Attention was drawn during the year by a resident of Eaglehawk Neck to the probability of the berries of a species of *Dianella*, known locally as the rushberry, having caused the poisoning of a child aged three years who ate some. The symptoms reported included drowsiness, glassy eyes, high temperature, and stomach pains, followed by temporary deafness. The berries, which are a bright purple-blue, are reputedly poisonous in Tasmania. Species of *Dianella* have been reported to have poisoned stock in New South Wales, and caused the death of a child in New Zealand. It appears that the toxic principle has not yet been isolated.

The most interesting case was the fatal poisoning of a boy at Castle Forbes Bay after having eaten cooked "toad fish," *spheroides liosomus*, one of the family of Tetrodontidae. The flesh contains an extremely poisonous water-soluble substance, tetrodotoxin, having a powerful narcotic action.

Twenty-eight specimens were examined in connection with cases of alleged poisoning of animals, including stock and domestic pets. Strychnine, lead and phosphorus were detected respectively in three cases, but most proved negative.

Nine (9) specimens were examined for the police in connection with criminal investigations. In several cases evidence was given at the trials. One case involved the testing of paint from a road guide post and from the damaged mudguard and bumper of a car, which was alleged to have hit the post before a fatal accident. Evidence of similarity of the paints was given.

Agricultural Chemistry.

In the year under review, 543 materials were examined for the various branches of the Department of Agriculture, which contributed more samples than any other department. The main groups of materials were as follows:—

Soils and Fertilisers.—These totalled 219 samples, most of which came from the Agronomy Division. These were in connection with field experimental work, in which attempts are being made to correlate the results of pot experiments and response to various fertiliser applications, with chemical analyses. During the year an investigation which will extend over two years was commenced by the Division, with the co-operation of an officer of this Branch, into the problem of the early failure of Algerian oats in the Cressy district. This involves the determination of nitrate in a large number of soil samples at two-monthly intervals. Other soils work has involved complete analyses of hops soils for the Horticultural Division, and soils from the district agricultural officers and the plant pathologist.

In addition to the soils examined for the department, 142 samples were tested for farmers and members of the public for advisory purposes. Most of these samples were sent in at the instigation of the district agricultural officers and other divisional officers, who were advised of the results and suggestions in order that they could follow up the cases.

Forty-nine (49) samples of fertilisers were examined, most of them for the Department of Agriculture, the others for private firms and farmers.

Thirty-seven (37) samples of pesticides were also examined. When the proposed regulations under the new Fertilisers, Pesticides and Stock Medicines Act come into force at an early date there should be a considerable increase in these two types of samples.

The shortage of agricultural lime and the scarcity of suitable limestone deposits makes it necessary to explore every possibility. This led to 19 samples of limestone, marl, &c., being examined and reported on for the Department of Agriculture and for farmers.

Veterinary Analyses.—One hundred and one (101) specimens of blood or liver, nearly double the number submitted the previous year, were examined in connection with deficiency diseases, for copper and cobalt content. The veterinary officers are conducting systematic dosing trials on some properties, which necessitates regular testing of specimens.

A number of specimens of organs of animals suspected of having been poisoned were also submitted by veterinary officers.

Plant Analyses.—This work was responsible for 51 samples. Some of these required determinations of the principal nutrient elements in plants, others the determination of elements that may be toxic, such as manganese, and other minor elements were also involved.

In addition tests were made for the Plant Pathologist, in connection with experimental spraying of apricots to control "brown rot," to determine the amounts of spray residues of the new fungicides such as isothan, fermate and thiotox before and after washing and canning treatments. This involved considerable work in establishing the technique of suitable analytical methods. Forty samples of juices expressed from apricots were also examined for sugar, acid and pH in connection with "brown rot" investigations.

Commonwealth Departments.

This work again comprised a considerable number of the total samples examined, mainly oils, petrol, kerosene, thermometers, hydrometers, and some miscellaneous materials for tariff classification, done for the Department of Trade and Customs (393 samples) and Commerce and Agriculture (54 samples). Most of this work is rapid

routine testing, otherwise it could not be handled by the present staff. It is probable that this work will be reduced in the near future. Eighteen soils were examined for the Commonwealth Forestry and Timber Bureau, fourteen petrols and oils for the Department of Works and Housing and ice-cream (2) for the Repatriation Commission. The work for C.S.I.R.O. has been dealt with under waters.

Industrial Toxicology.

Twenty-three (23) samples were examined in this connection, but a considerable amount of advisory work was involved for the Department of Labour and Industry. Sixteen samples of furniture polishing materials were examined for the Department following the allegation that the products of one firm contained benzol, which is of a toxic nature. Considerable amounts of benzol, between 10 and 20 per cent and 2-3 per cent were found in samples of reducer, and over one per cent was found in a sample of polish finisher. The products were removed from the furniture factories and returned to the makers by the agents. The polishes now in use are mainly of the cellulose solvent type or mixtures of industrial methylated spirit, petroleum solvent and small amounts of toluol and butanol.

Samples of dust from tyre retreading and sawmilling establishments were examined.

Some time was spent with the Chief Industrial Welfare Officer in advising on the most suitable types of apparatus to purchase for the sampling and testing of impurities in factory atmospheres. The Department of Labour and Industry has now on order some very modern equipment, some of which could be used only by scientifically-trained officers, and some which might be used by suitably trained officers of that department.

Miscellaneous Work.

The testing of human and cows' milk for infant feeding (33 samples) for Child Welfare Centres and clinics was continued during the year. Twenty-one (21) samples of industrial materials were examined. These included a number of samples of cargo suspected of being damaged by sea-water or other agencies, examined for insurance companies and assessors, and samples of materials used in the preparation of mirrors, in connection with manufacturing difficulties. Other materials comprised miscellaneous metals, minerals, boiler sediments, &c. (14), drugs and medicines (13), paints and building materials (11), plant products, including yacca gum, essential oils, &c., (12), disinfectants, soaps, marine products and pathological specimens (5).

Information, Committees, &c.

The Branch continued to be a source of information on many chemical matters to the public and other departments. The diversity of subjects on which advice and information were requested is illustrated by the following representative list:—Taint removal from refrigerators and water supplies, trade waste disposal, industrial gases, fish-feeding materials, jam-making troubles, anti-corrosion paints, boiler corrosion prevention, toilet paper substitutes for use with septic tanks, and processes for the manufacture of lime-sulphur spray on a commercial scale.

A good deal of time has been taken up at meetings and by consideration of recommendations for regulations by the newly-constituted Fertilisers, Stock Medicines and Pesticides Boards, on all three of which the Government Analyst was appointed during the year an ex-officio member.

A number of meetings of the Food Standards Committee were attended during the year. Much thought and research were devoted, among other things, to the consideration of jam standards. It is gratifying that after much discussion a set of standards acceptable to the Department and to the trade, including minimum fruit and soluble solids content, was agreed upon.

Staff and Accommodation.

The Branch is divided into two fairly distinct sections, in each of which the more advanced work calls for some degree of specialisation. These are—

- (1) Food, water supplies and general;
- (2) Agricultural chemistry.

There is other work such as police work, toxicology and industrial hygiene which does not come into either of these categories. The present staff is scarcely sufficient to deal with the day to day routine work, and there is little or no time for necessary investigation and exploratory work in new fields in which it is essential that we should keep up to date, such as vitamin assays, new techniques of food analysis, developments in soil analysis, new pesticides, and industrial toxicology, including dust examination. Recommendations have been made with a view to consolidating the staff position.

Another pressing need is laboratory accommodation. The most urgent is sampling and machinery accommodation. The laboratories were built without provision being made for accommodating the drying, grinding, mixing and sampling operations which are first and most important in analytical work. The handling of large numbers of wet, clayey soils necessitates the installation of shelves and drying equipment. The grinding of soils and other materials creates noise, dust and dirt. So far this has had to be done either in the analytical laboratories or a small and inadequate partitioned-off space in the basement. Machinery and apparatus cannot be housed in the existing accommodation and have to overflow into store-rooms, causing much congestion and some inconvenience. It is necessary to store in the laboratory considerable quantities of inflammable solvents and acids. Certain operations require the use of volatile inflammable substances such as ether. This work and the store of inflammable materials should be segregated, as is done in all modern laboratories.

A much larger optical room is required.

It is strongly recommended that provision be made to expand the laboratory in conjunction with the plans made for the new buildings for the Royal Hobart Hospital, which will be adjacent to these laboratories.

In conclusion, I desire to express my deep appreciation of the loyal co-operation and support of all members of the staff during a busy year.

H. E. HILL, F.R.A.C.I., A.R.I.C.,
Government Analyst.

APPENDIX III.

REPORT OF MOTHERCRAFT HOME, NEW TOWN, FOR THE YEAR ENDED 30th JUNE, 1951.

Sixty-three mothers and 164 babies were admitted to the Home during the past year. Two infant deaths were recorded, one of a premature babe, the other suffering from cardiac disease.

Twenty-two Child Welfare students obtained the Nurses' Registration Board's Certificate, one of these after her second attempt. There are thirteen Child Welfare students at present in training.

Ten Mothercraft students secured their Mothercraft Nurse's Certificate, and there are eight in training at present. Two Mothercraft students failed to complete the course, one through her own sickness and the other because of her father's illness.

During the last four and a half months of the year the Home has had its quota of trained staff, but two of these Sisters wish to be replaced at the end of the current term of Child Welfare students.

During this period I was absent on annual recreation leave, and also spent four weeks in Sydney, studying Tre-sillian and Truby King Child Welfare methods. During the holiday period I also saw something of the Queensland methods of Maternal and Child Welfare Services.

Over the past year the domestic situation has fluctuated, but at the present time there is a full staff, with a reliever as well.

The Mothercraft students' sitting-room has been re-furnished, the mothers' living-room re-decorated and two standard lamps supplied. This has made a marked improvement in the general atmosphere.

E. M. LOCKE,
Matron.

SECTION II.—REPORT OF DIRECTOR OF HOSPITAL AND MEDICAL SERVICES FOR THE YEAR ENDED 30th JUNE, 1951.

HOSPITALS.

Public Hospitals (excluding Mental and Chest Hospitals).

Beds Available.—The number of beds increased during the year to 1,970, being 54 more than last year. This was mainly due to former private hospitals having been taken over by the State, as instanced by the Toosey Memorial Hospital at Longford, Darwin Hospital at Burnie, and Windarra Hospital at Smithton.

Number of Patients.—The overall increase of 705 in the number of patients also is mainly due to the additional public hospitals.

Maintenance Costs.—The costs increased by £200,666 to £1,062,007, being 23.3 per cent on last year's amount. The average daily cost for the treatment of in-patients during the year was 40s. 11d., being an increase of 7s. 7d. on the previous year's cost. The average cost per in-patient was £30 8s. 10d., an increase of £5 3s. 11d. Out-patient costs also increased from 4s. 9d. to 5s. 7d. per visit, and the cost per out-patient from 15s. 1d. to 16s. 9d.

It is to be noted that, of the total cost, the Commonwealth provided 21.36 per cent and the State 73.25 per cent. The remainder was met from fees, donations, &c.

The comparisons for three years, as set out at the foot of Table J, show the increases and percentages of costs under the principle classifica-

tions of expenditure. The effect of increases in salaries and wages, as indicated by the expenditure, appears reflected in all items.

Receipts.—Commonwealth aid increased by 2.6 per cent over the previous year, attributable to increased receipts from pharmaceutical benefits and refunds of doctors' salaries under the provisions of Section 6 of the Commonwealth Hospital Benefits Act, whereas State grants to hospitals increased by 34.6 per cent in order to meet the increased cost of maintenance.

It became necessary to obtain approvals from the Prices Commission to increases of fees for private and intermediate wards in the maternity hospitals, and for patients unqualified for free treatment under the provisions of the Hospital Benefits Act.

Consultant Specialists.—The visiting neurologist saw patients as hereunder at the Royal Hobart and Launceston General Hospitals:—

	Patients.
Royal Hobart Hospital	57
Launceston General Hospital	34

The visiting plastic surgeon saw 114 patients at the Royal Hobart Hospital, and carried out 38 operations.

Royal Hobart Hospital.—During the past year, the following matters have been features in the general development of the Hospital, and the following building developments took place:—

"Gattonside," a private home in the City, which had been purchased by the Government, was converted into a Nurses' Home for midwifery trainees; 17 nurses being accommodated there.

Plans were commenced for a new Out-patients Department and Ancillary Service in the form of a long-range plan spread over three stages.

An annexe was added to the X-ray Department, thus allowing for the implementation of the Government's plan for patients recommended by outside medical practitioners to receive X-ray examination without attending the Out-patients Department. X-ray examinations of a large investigational nature are still required to be dealt with through the Out-patients Department.

Good progress has been made with the conversion of the Children's Hospital on the corner of Campbell and Liverpool Streets into a temporary Out-patients Department, and with the provision of an Amenities Block for Domestic Staff.

Extensions to the Nurses' Home at Wingfield House for Crippled Children have been completed. These comprise extra bedrooms and recreational facilities.

In July, 1950, another Annexe was added under the name of the Lady Clark Rehabilitation Centre, Claremont, previously administered by the Australian Red Cross Society. The State Government purchased the building, and handed it over to the Royal Hobart Hospital as a male rehabilitation centre for Tasmanian patients generally. The treatment of orthopaedic cases is carried out at this Centre.

Launceston General Hospital.—During the year plans were completed for the conversion of the Infectious Diseases Block into a Nurses' Home, and also for extensions to the laundry. Preliminary plans were also made for alterations and extensions to the main hospital.

Darwin Public Hospital, Burnie.—This hospital was conducted as a private hospital for many years, and was the only one in Burnie. In order to prevent the closing of the hospital, it was taken over by the Burnie Public Hospitals Board, and purchased as from the 14th October, 1950, without any break in the services. Pending the opening of the new Burnie Hospital, arrangements were made for maternity cases only to be accepted

at the Darwin Hospital, and for all general cases to be sent to the Spencer Hospital at Wynyard. The hospital was purchased by the Board with finance provided by the Government.

Meercroft Hospital, Devonport.—The extensions to nurses' quarters were commenced, and it was expected they would be ready for occupation by October, 1951.

Devon Public Hospital, Latrobe.—The construction of a new nurses' home and the medical officer's residence was proceeding satisfactorily, and it was expected they would be completed towards the end of 1951.

Toosey Memorial Hospital, Longford. — The Committee of Management of this hospital found increasing difficulties in financing the hospital from the limited income available from the bequest of the late J. D. Toosey, Esquire. As the result of a petition to the Governor and requests for assistance, the Municipality of Longford was proclaimed a Public Hospitals District and a Board of Management appointed. The Board took over the management of the hospital as from the 1st July, 1950. It has been conducted as a general hospital, but proposals are being considered for adding a maternity block for the needs of the Longford and Cressy districts.

New Norfolk Hospital.—To enable the hospital staff to be satisfactorily housed, extensions to the Home have been proceeding and should be completed later in the year.

Spencer Hospital, Wynyard. — The Nurses' Home for the Maternity Section was completed and opened in September, 1950. The extensions to the Nurses' Home for the General Section were well advanced, and it was expected would be completed by August, 1951. A Physiotherapy Department, especially for the treatment of Poliomyelitis cases, is to be established, and the building was advanced sufficiently to expect that it would be opened within a few months.

Smithton Public Hospital. — The Government carried out extensive alterations and additions to the former Windarra Private Hospital, and on 10th February, 1951, the hospital was officially opened for the reception of patients. The Municipality of Circular Head was declared a Public Hospitals District, and a Board appointed to manage the hospital.

General.— Tables J, K, and L provide general statistics and the summary of maintenance receipts and payments.

TABLE J.

Public Hospitals—Summary of Receipts and Payments and Costs for Year Ended 30th June, 1951.

No.		Hospital	Balance at 1st July, 1950.		MAINTENANCE RECEIPTS.								MAINTENANCE PAYMENTS (NET).							Balance at 30th June, 1951.		In-Patients Costs (3)		Out-Patients Costs (4)		Average Cost per Daily Occ. Bed. (Adjusted Average.) (5)	No.		
					Commonwealth Aid.				State Aid.	Fees and Patients Payments.	Donations, &c.	Interest from Bequests.	Misc. Receipts.	Total Receipts.	Salaries and Wages.	Provisions.	Domestic.	Dispensary and Surgical.	Admin. and Misc.			Repairs.	Total Payments.	Per Daily Occupied Bed.	Per Patient.			Per Atten- dance.	Per Patient.
			Debit.	Credit.	Hospital Benefits.	Pharmac'l. Benefits.	Doctors' Salaries.	Total.												£.	£.					£.	£.		
1	Major Base Hospitals	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	s. d.	£. s. d.	s. d.	£. s. d.	s. d.	£. s. d.	
2	Royal Hobart (inc. Vauluse and Wingfield)	....	2,762	53,382	8,973	7,534	69,889	265,145	6,814	65	249	2,568	344,730	217,314	40,937	26,510	40,996	10,583	5,997	342,337	....	5,155	44 0	24 6 10	6 0	18 0	42 7	1	
	Launceston General	....	1	39,130	4,166	5,616	48,912	207,850	10,588	....	....	100	267,450	171,251	31,160	21,919	30,950	8,676	3,492	267,448	....	3	47 6	44 12 6	6 0	22 2	47 1	2	
	Totals	....	2,763	92,512	13,139	13,150	118,801	472,995	17,402	65	249	2,668	612,180	388,565	72,097	48,429	71,946	19,259	9,489	609,785	....	5,158	45 6	30 11 6	6 0	19 10	44 5		
3	Minor Base Hospitals																												
4	Devon, Latrobe	1,097	....	10,576	556	1,108	12,240	64,037	529	43	18	66	76,933	46,173	10,423	6,587	8,168	3,748	780	75,879	43	....	56 0	35 11 5	3 0	4 2	53 0	3	
5	Spencer, Wynyard	733	....	7,600	94	1,800	9,494	27,200	88	2	....	13	36,797	23,058	4,971	3,512	2,344	818	773	35,476	....	588	37 5	22 12 2	3 0	3 10	37 0	4	
	Lyell, Queenstown	....	5	4,350	378	800	5,528	22,325	371	216	39	....	28,479	16,648	4,751	3,072	2,614	978	354	28,417	....	67	49 0	34 11 0	3 0	8 1	46 2	5	
	Totals	1,830	5	22,526	1,028	3,708	27,262	113,562	988	261	57	79	142,209	85,879	20,145	13,171	13,126	5,544	1,907	139,772	43	655	48 5	30 17 2	3 0	5 5	46 6		
6	Maternity Hospitals																												
7	Queen Victoria, Launceston (inc. St. Ives)	....	51	7,567	919	....	8,486	13,745	16,662	283	190	18	39,384	23,278	4,695	4,178	1,383	6,168	730	40,432	997	....	42 10	23 1 4	3 0	10 2	42 8	6	
	Queen Alexandra, Hobart	....	573	5,311	575	....	5,886	13,925	9,811	21	4	7	29,654	17,630	5,733	3,253	656	1,316	334	28,922	....	1,305	43 5	30 6 10	3 0	10 9	43 3	7	
	Totals	....	624	12,878	1,494	....	14,372	27,670	26,473	304	194	25	69,038	40,908	10,428	7,431	2,039	7,484	1,064	69,354	997	1,305	43 0	25 12 6	3 0	10 6	42 11		
8	Country and Cottage Hospitals																												
9	N.E. Soldiers' Memorial, Scottsdale	18	....	2,728	108	....	2,836	11,375	106	....	25	....	14,342	9,427	1,346	1,271	1,288	611	169	14,112	....	212	43 0	20 11 8	3 0	16 6	42 3	8	
10	Zeehan	191	....	2,428	156	....	2,584	9,960	58	1	38	....	12,641	7,568	1,625	1,368	962	704	248	12,475	25	....	40 0	28 6 3	3 0	5 5	37 11	9	
11	Campbell Town	151	....	2,269	....	750	3,019	10,150	30	161	17	20	13,397	9,269	1,697	1,163	665	498	177	13,469	....	79	47 7	25 10 2	....	....	47 7	10	
12	Darwin, Burnie (1)	....	....	1,337	....	....	1,337	8,840	....	....	....	59	10,236	5,808	1,101	956	649	460	234	9,208	1,028	....	48 9	30 1 10	....	....	48 9	11	
13	Ulverstone General	....	10	2,041	....	1,000	3,041	7,470	182	3	19	....	10,715	7,622	863	898	790	417	151	10,741	16	....	42 2	19 3 8	....	....	42 2	12	
14	Beaconsfield	637	....	2,008	....	400	2,408	6,800	260	121	54	....	9,643	5,992	891	726	707	204	85	8,605	....	401	35 9	19 5 0	....	....	35 9	13	
15	New Norfolk	....	1	1,496	203	489	2,188	7,911	....	....	....	....	10,099	6,540	1,162	1,244	768	265	105	10,084	....	16	53 0	20 15 11	3 0	6 11	47 9	14	
16	Toosey, Longford	170	....	1,459	6	100	1,565	2,900	49	133	1,100	259	6,006	4,401	560	457	349	260	116	6,143	....	33	31 1	28 16 0	3 0	3 4	30 5	15	
17	Meercoft, Devonport	559	....	1,480	....	375	1,855	9,060	....	....	....	19	10,934	7,348	1,759	1,234	568	382	169	11,460	....	33	56 11	31 8 0	....	....	56 11	16	
18	St. Marys	56	....	1,216	11	500	1,727	7,250	34	....	....	....	9,011	5,888	973	1,111	497	332	183	8,984	....	83	56 11	30 6 2	3 0	6 3	55 3	17	
19	King Island	3	....	1,272	97	....	1,369	7,750	7	110	....	50	9,286	5,441	1,069	836	744	531	214	8,835	....	448	61 0	23 19 3	3 0	4 6	53 2	18	
20	Levenbank, Ulverstone	61	....	940	....	....	940	4,600	16	....	....	....	5,556	3,547	305	324	80	81	58	4,395	1,222	....	37 1	20 16 7	....	....	37 1	19	
21	Bowmont, Franklin	198	....	802	113	762	1,677	6,738	....	....	....	....	8,415	5,342	884	603	532	310	82	7,753	....	464	80 11	34 15 7	3 0	6 3	73 6	20	
	Smithton (2)	....	....	158	....	....	158	1,942	....	....	....	....	2,100	1,223	158	97	113	221	1	1,813	....	287	69 1	30 14 7	....	....	69 1	21	
	Totals	1,047	1,008	21,634	694	4,376	26,704	102,746	742	529	1,253	407	132,381	85,416	14,393	12,288	8,712	5,276	1,992	128,077	41	4,306	46 9	24 14 2	3 0	7 10	45 5		
22	Bush Nursing Hospitals (14 with hospital beds)	....	....	1,750	421	....	2,171	20,133	....	....	....	....	22,304	13,796	2,584	3,153	1,954	338	479	22,304	....	....	92 8	34 8 7	3 0	4 9	55 2	22	
23	Hospitals for Care of Aged																												
24	St. John's Park, Hobart	....	....	20,305	....	....	20,305	12,050	....	....	....	....	32,355	17,292	7,810	5,809	433	546	465	32,355	....	....	12 9	91 13 2	....	....	12 9	23	
	Home for Invalids, Launceston	....	....	4,585	....	....	4,585	1,547	....	....	....	....	6,132	4,095	907	798	149	85	98	6,132	....	....	10 9	127 15 0	....	....	10 9	24	
	Totals	....	....	24,890	....	....	24,890	13,597	....	....	....	....	38,487	21,387	8,717	6,607	582	631	563	38,487	....	....	12 4	95 15 7	....	....	12 4		
25	Miscellaneous																												
26	Psychopathic Home, Millbrook	....	....	3,741	431	....	4,172	8,883	1,523	....	....	....	14,578	9,256	2,709	1,956	....	295	362	14,578	....	....	29 1	47 16 0	....	....	29 1	25	
27	Mothercraft Home, New Town	....	....	2,880	....	466	3,346	10,263	....	....	....	....	13,609	9,082	1,823	2,027	257	250	170	13,609	....	....	38 3	55 11 0	....	....	38 3	26	
28	Peacock Convalescent Home, Hobart	....	332	2,612	....	....	2,612	4,525	....	293	33	....	7,463	5,630	827	727	155	317	139	7,795	....	....	23 11	13 0 3	....	....	23 11	27	
29	Lady Clark Home, Claremont	....	....	2,106	38	....	2,144	6,800	409	....	....	1	9,354	5,966	1,129	505	75	562	130	8,367	....	987	26 1	29 1 10	3 0	39 11	27 2	28	
	St. Giles Home, Launceston	14	....	1,981	....	....	1,981	2,288	....	3,396	232	....	7,897	5,555	514	702	....	475	2,633	9,879	1,996	....	39 5	274 8 4	....	....	39 5	29	
	Totals	14	332	13,320	469	466	14,255	32,759	1,932	3,689	265	1	52,901	35,489	7,002	5917	487	1,899	3,434	54,228	1,996	987	31 0	36 18 0	3 0	39 11	31 1		
Grand Total		2,891	4,732	189,510	17,245	21,700	228,455	783,462	47,537	4,848	2,018	3,180	1,069,500	671,440	135,366	96,996	98,846	40,4											

(1) From 14.10.1950. (2) From 10.2.1951. (3) and (4) Apportioned. (5) Adjusted Daily Average is ascertained by adding one to the actual Daily Average for every 700 new Out-Patients.

Comparison.

Year.	Commonwealth Aid.		State Aid.		Fees and Patients Payments.		Donations, &c.		Interest from Bequests.		Miscellaneous Receipts.	Total Receipts		Salaries and Wages.		Provisions.		Domestic.		Dispensary and Surgical.		Admin. and Misc.		Repairs.		Total Payments.		Average Daily Bed Cost (Adjusted).	
	£.	%	£.	%	£.	%	£.	%	£.	%	£.	%	£.	%	£.	%	£.	%	£.	%	£.	%	£.	%	£.	%	£.	%	
1948-49	187,385	= 25.29	507,236	= 68.41	34,251	= 4.61	8,396	= 1.13	761	= 0.12	3,263	= 0.44	741,292	=100	475,946	= 62.13	102,475	= 13.38	77,366	= 10.09	68,306	= 8.88	26,711	= 3.53	15,263	= 1.99	766,067	=100	£1 11s. 0d.
1949-50	222,621	= 25.99	581,918	= 67.91	42,380	= 4.96	4,997	= 0.58	978	= 0.11	4,020	= 0.45	856,914	=100	537,575	= 62.42	110,808	= 12.88	83,511	= 9.69	78,872	= 9.15	33,866	= 3.95	16,709	= 1.91	861,341	=100	£1 12s. 11d.
1950-51	228,455	= 21.36	783,462	= 73.25	47,537	= 4.44	4,848	= 0.45	2,018	= 0.20	3,180	= 0.44	1,069,500	=100	671,440	= 63.22	135,366	= 12.74	96,996	= 9.13	88,846	= 9.31	40,431	= 3.81	18,928	= 1.79	1,062,007	=100	£2 0s. 2d.
Increase for Year	5,834	= 2.6	201,544	= 34.6	5,157	= 12.2	—149	= 2.9	1,040	=106.3	—840	= 20.8	212,586	= 24.8	133,865	= 24.9	24,558	= 22.1	13,485	= 16.1	19,974	= 25.3	6,565	= 19.3	2,219	= 13.2	200,666	= 23.3	7s. 3d.=22.0%

TABLE K.

General Statistics of Public Hospitals—Financial Year 1950-51.

No.	Hospital	BEDS AVAILABLE					IN-PATIENTS					BED DAYS					AVERAGE DAILY NUMBER					AVERAGE LENGTH OF STAY					Births (Total of all Babies Born)	OUT-PATIENTS			Adjusted Average Daily Number (3)	No.					
		Non-Public		Public			Total Beds	Non-Public		Public			Total In- Patients	Non-Public		Public			Total Bed Days	Non-Public		Public			Overall Average	General		Maternity	General	Maternity			Infectious	Number Registered	Total Atten- dances	Average No. of Visits per Out-Patient	
		General	Maternity	General	Maternity	Infectious		General	Maternity	General	Maternity	Infectious		General	Maternity	General	Maternity	Infectious		General	Maternity	General	Maternity	Infectious													
1	Major Base Hospitals			390	68	43	501			10,126	1,869	162	12,157			111,345	20,754	2,554	134,653			305.0	56.9	7.0	368.9			10.9	11.1	15.7	1,869	50,029	154,787	3.0	440.3	1	
2	Royal Hobart (inc. Vauluse and Wingfield)	....	....	334	....	52	386	....	....	5,247	....	147	5,394	....	....	98,024	....	3,352	101,376	....	....	268.5	....	9.2	277.7	....	....	18.6	....	22.8	23,646	89,102	3.7	311.5	2		
	Launceston General	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....		
	Totals			724	68	95	887			15,373	1,869	309	17,551			209,369	20,754	5,906	236,029			573.5	56.9	16.2	646.6			13.6	11.1	19.1	1,369	73,675	243,889	3.3	751.8		
3	Minor Base Hospitals	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....		
4	Devon, Latrobe	....	....	85	22	18	125	....	....	1,666	401	46	2,113	....	....	21,992	4,795	82	26,869	....	....	60.2	13.1	0.3	73.6	....	....	13.2	11.9	....	3,375	4,795	1.4	78.4	3		
5	Spencer, Wynyard	....	....	64	24	....	88	....	....	1,140	424	....	1,564	....	....	15,028	3,896	....	18,924	....	....	41.1	10.7	....	51.8	....	....	13.1	9.1	....	394	787	1.3	52.6	4		
	Lyell, Queenstown			52	16	12	80			617	179	2	798			8,909	2,298	33	11,240			24.4	6.3	0.1	30.8			14.4	12.8	16.5	152	2,052	5,649	2.7	33.7	5	
	Totals			201	62	30	293			3,423	1,004	48	4,475			45,929	10,989	115	57,033			125.7	30.1	0.4	156.2			13.4	10.9	2.3	879	6,003	11,231	1.8	164.7		
6	Maternity Hospitals	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....		
7	Queen Victoria, Launceston (inc. St. Ives)	....	47	....	16	....	63	....	1,495	....	254	....	1,749	....	15,450	....	3,415	....	18,865	....	42.3	....	9.3	....	51.6	....	10.3	....	13.4	....	172	595	3.4	51.8	6		
	Queen Alexandra, Hobart	....	31	....	14	....	45	....	678	....	271	....	949	....	9,332	....	3,930	....	13,262	....	25.6	....	10.7	....	36.3	....	13.7	....	14.5	236	858	3.6	36.6	7			
	Totals	....	78	....	30	....	108	....	2,173	....	525	....	2,698	....	24,782	....	7,345	....	32,127	....	67.9	....	20.0	....	87.9	....	11.4	....	13.9	....	408	1,453	3.5	88.4			
8	Country and Cottage Hospitals	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....		
9	N.E. Soldiers' Memorial, Scottsdale	....	....	26	9	....	35	....	....	505	148	....	653	....	....	4,821	1,432	....	6,253	....	....	13.2	3.9	....	17.1	....	....	9.5	9.6	....	130	4,478	5.5	18.2	8		
10	Zeehan	....	....	33	8	14	55	....	....	365	67	....	432	....	....	5,290	829	....	6,119	....	....	14.4	2.3	....	16.7	....	....	14.4	12.3	....	76	1,624	1.8	18.0	9		
11	Campbell Town	....	....	22	9	....	31	....	....	439	89	....	528	....	....	4,507	1,154	....	5,661	....	....	12.3	3.2	....	15.5	....	....	10.2	12.9	....	80	....	....	15.5	10		
12	Darwin, Burnie (1)	....	....	....	20	....	20	....	....	8	298	....	306	....	....	405	3,675	....	3,780	....	....	0.4	14.1	....	14.5	....	....	13.1	12.3	....	264	....	....	14.5	11		
13	Ulverstone General	....	....	20	....	....	20	....	....	560	....	....	560	....	....	5,098	....	....	5,098	....	....	14.0	....	....	14.0	....	....	9.1	....	....	....	....	....	14.0	12		
14	Beaconsfield	....	....	20	4	....	24	....	....	401	46	....	447	....	....	4,342	474	....	4,816	....	....	11.8	1.3	....	13.1	....	....	10.8	10.3	....	44	....	....	13.1	13		
15	New Norfolk	....	....	8	13	....	21	....	....	271	196	....	467	....	....	1,687	1,977	....	3,664	....	....	4.6	5.4	....	10.0	....	....	6.2	10.0	....	170	2,488	2.3	11.5	14		
16	Toosey, Longford	....	....	13	....	....	13	....	....	212	....	....	212	....	....	3,930	....	....	3,930	....	....	10.7	....	....	10.7	....	....	18.5	....	....	207	245	1.1	11.0	15		
17	Meercoft, Devonport	....	....	15	....	....	15	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	11.0	....	....	304	....	....	11.0	16		
18	St. Marys	....	....	7	15	....	14	....	....	223	71	....	294	....	....	2,329	803	....	3,132	....	....	6.3	2.2	....	8.5	....	....	10.4	11.3	....	62	489	2.1	8.9	17		
19	King Island	....	....	8	4	....	14	....	....	308	53	1	362	....	....	2,244	584	19	2,847	....	....	6.1	1.6	0.1	7.8	....	....	7.2	11.0	19.0	47	1,064	1.5	8.7	18		
20	Levenbank, Ulverstone	....	....	....	11	....	11	....	....	....	211	....	211	....	....	....	2,370	....	2,370	....	....	....	....	....	....	....	....	6.4	11.2	....	193	....	....	6.4	19		
21	Bowmont, Franklin	....	....	2	9	....	11	....	....	31	188	....	219	....	....	194	1,689	....	1,883	....	....	0.5	4.6	....	5.1	....	....	6.2	8.9	....	149	915	2.1	5.7	20		
	Smithton (2)	....	....	1	9	....	10	....	....	11	48	....	59	....	....	58	467	....	525	....	....	0.4	3.3	....	3.7	....	....	5.2	9.7	....	46	....	....	3.7	21		
	Totals			160	118	16	294			3,334	1,780	1	5,115			34,605	19,484	19	54,108			94.7	59.3	0.1	154.1			10.3	10.9	19.0	1,565	4,341	11,303	2.6	160.2		
22	Bush Nursing Hospitals (14 with hospital beds)			15	42		57			364	235		599			1,903	2,551		4,454			5.2	7.0		12.2			5.2	10.8		7.4	226	6,960	11,217	1.6	22.1	22
23	Hospitals for Care of Aged																																				
24	St. John's Park, Hobart			147			147			353			353			50,863			50,863			139.3			139.3			144.0							139.3	23	
	Home for Invalids, Launceston			34			34			48			48			11,429			11,429			31.3			31.3			238.1							31.3	24	
	Totals	....	....	181	....	....	181	....	....	401	....	....	401	....	....	62,292	....	....	62,292	....	....	170.6	....	....	170.6	....	....	155.3	....	....	....	....	....	....</			

Private Hospitals.

The number of private hospitals was further reduced to ten, representing 15.5 per cent of the total available beds in all hospitals, excluding the mental and chest hospitals.

The Toosey Memorial Hospital at Longford and the Darwin Hospital at Burnie were taken over by the Government on the 1st July, 1950, and the 14th October, 1950, respectively.

The Eskleigh Memorial Home at Perth was licensed as a private hospital in respect of the number of beds being used for the treatment of patients. This has enabled the Commonwealth Hospital Benefits to be claimed in respect of the patients occupying these beds.

Statistics are provided in Table M.

TABLE M.
PRIVATE HOSPITALS.
RETURN Showing Number of Private Hospital Licences Issued, and Private Hospitals Exempted from Applying for a Licence for the Years 1950 and 1951.

Location	LICENCES ISSUED				HOSPITALS EXEMPTED			
	Medical, Surgical & Maternity		Medical and Surgical only		Medical, Surgical & Maternity		Medical and Surgical only	
	1950.	1951.	1950.	1951.	1950.	1951.	1950.	1951.
Hobart.	...	...	1	1	1	1	...	2
Launceston ..	...	...	...	1	...	...	...	2
Country	3	2	...	2	...	...	...	...
Total...	3	2	1	4	1	3	...	4

PRIVATE HOSPITALS—COMPARISON STATISTICS FOR YEARS 1949-50 AND 1950-51.
(Including Statement of Amounts Paid from Commonwealth Private Hospital Benefits Trust Account.)

Approval No. of Hospital.	Beds Available.		"Qualified" In-Patients		Bed-Days.		Average Daily Number.		Average Length of Stay (Days).		Births.		Hospital Benefits Paid.		Remarks.
	1949-50.	1950-51.	1949-50.	1950-51.	1949-50.	1950-51.	1949-50.	1950-51.	1949-50.	1950-51.	1949-50.	1950-51.	1949-50.	1950-51.	
T 1	143	142	3,056	3,389	39,778	41,801	108.9	114.5	13.0	12.3	707	654	15,911	16,721	Closed 23/3/51-13/5/51 To 30/6/50 To 13/10/50 To 31/7/49 To 31/7/49 To 31/8/49 From 1/9/50
T 4	4	4	24	44	344	616	0.9	1.6	14.3	14.0	31	37	2,138	2,246	
T 5	30	30	588	484	6,966	5,686	19.0	18.1	11.8	11.7	1	5	2,786	2,274	
T 6	65	65	1,386	1,568	16,895	16,740	46.2	45.8	12.1	10.6	...	...	6,755	6,689	
T 8	11	...	133	44	2,169	647	6.4	10.6	16.3	14.6	...	...	1,868	259	
T 9	20	...	353	127	4,708	1,637	12.8	12.1	13.3	12.8	320	109	1,883	655	To 31/7/49 To 31/7/49 To 31/8/49 From 1/9/50
T 11	14	14	231	213	1,218	1,023	3.3	2.8	5.2	4.7	79	44	1,487	409	
T 12	5	5	36	29	411	328	1.1	0.8	11.4	11.3	36	29	164	131	
T 13	4	...	1	23	14	283	0.6	...	14.0	...	...	...	6	...	
T 15	2	...	19	...	247	...	...	...	13.0	12.3	21	20	99	113	
T 18	2	...	2	...	21	...	...	...	10.5	...	...	...	8	...	To 31/8/49 From 1/9/50
T 22	4	...	28	32	493	534	1.3	...	17.6	16.6	...	...	197	214	
T 23	34	...	776	841	10,861	10,978	29.7	30.0	13.9	13.0	...	...	4,344	4,391	
T 26	8	...	41	...	442	...	4.8	...	10.7	...	41	...	177	...	
T 29	40	41	983	1,062	10,402	10,708	28.4	29.3	10.5	10.0	...	...	4,142	4,283	
T 30	...	20	...	22	...	5,065	...	18.5	...	230.0	...	...	...	2,026	2,026
Totals	386	361	7,657	7,878	94,969	96,046	263.4	236.2	12.4	12.2	1,265	927	£37,965	£38,411	

TABLE N.

Total Hospital Beds Available as at the 30th June, 1951. (Excluding Mental and Chest Hospitals).

Hospital.	Non-public.		Public.			
	General.	Maternity.	General.	Maternity.	Infectious.	Total.
Public	50	78	1,381	320	141	1,970=84.5%
Private	311	50	....	....	....	361=15.5%
Total	361	128	1,381	320	141	2,331
	21 per cent.		79 per cent.			

Classification of Bed Availability.

General—		
Public in public hospitals	1,381	
Non-public wards	50	
	—1,431	
Private hospitals	311	
	—	
General Total	1,742=75%	
Maternity—		
Public in public hospitals	320	
Non-public wards	78	
	—398	
Private hospitals	50	
	—	
Maternity Total ..	448=19%	
Infectious—		
Public in public hospitals	141= 6%	
	—	
Total	2,331=100%	

Ratio of Bed Availability per 1,000 Population.

General (including convalescent and chronics)	6.0
Maternity	1.5
Infectious	0.5
Total (beds per 1,000)	8.0

INSTITUTIONS FOR AGED AND INFIRM.

There are two institutions in the State for the accommodation of the aged and infirm, viz. St. John's Park, New Town, and the Home for Invalids, Launceston. Reports will be found in Appendices V. and VI., respectively.

BUSH NURSING.

At the 30th June, 1951, there were 25 centres throughout the State, 13 of which provide hospital accommodation. These centres are controlled by the Public Health Department. The remaining 12 centres do not provide hospital accommodation, but have consulting and treatment rooms, and also provide domiciliary treatment in the district. Local Bush Nursing Committees assist in the conducting of seven centres. Centres at Gladstone, Mole Creek, Ringarooma and Rosebery were transferred to Departmental control during the year.

The Bush Nursing Association has continued to contribute towards the maintenance of some centres, and has also assisted with furnishings, equipment and other amenities.

Local Auxiliaries and Branches of the Country Women's Association have helped generously throughout the year in providing extra amenities for the centres and maintaining local interest. The Department has provided X-ray and electrical equipment as required.

Shortage of nursing and domestic staffs has again been evident, and has been responsible for

the curtailment of admissions to some of the hospital centres. At the 30th June there were six vacancies in the nursing staff.

Child welfare centres have been opened at Avoca, Brighton Camp, Cygnet, Ringarooma, Sorell and Strahan, which accounts for the decreased number of child welfare visits made by Sisters in the Bush Nursing Service.

Table O gives a summary of the work carried out in the various centres during the year.

Alonnah.—The road connecting the North and South Islands has been completed. Extensions to the hospital have been carried out.

Cygnet.—The hospital was closed to in-patients for several months of the year, owing to staff shortage. A local Hospital Advisory Committee has been formed.

Brighton Camp.—This centre was closed permanently when the building was required by the Military Authorities.

Sorell.—A new laundry and a dark room have been added to the hospital.

Strahan.—New cottage and surgery have been commenced at this centre. A panel van has been provided, to serve as an ambulance for transporting of patients to the Lyell District Hospital at Queenstown.

Swansea.—Extensions and alterations are being carried out. They include new labour ward, two staff bedrooms, nursery, extensions to kitchen, workroom, bathroom, sanitary convenience and laundry.

Tasman.—The admission of patients had to be reduced from time to time during the year, owing to staff shortage. Electricity has been connected to the hospital, which has resulted in certain electrical equipment, including a refrigerator, being provided. The Red Cross Society gave an electric wireless to replace the old battery set.

Cape Barren Island.—The whole of the building, a portion of which was used previously for other purposes, has now been included in the hospital.

Gladstone.—This centre was opened officially in October, 1950. It is now a Departmental Centre, and it serves a large area.

Grassy, King Island. —The work in this centre is increasing. The Sister makes a weekly trip to Currie for child welfare work, which will not be necessary when a Child Welfare Centre is established there.

Redpa.—With the opening of a public hospital at Smithton, in-patients are not encouraged at this centre, pending the extension of electricity to Redpa.

Rosebery.—This is a very busy centre for out-patient treatment. It is hoped that hospital accommodation will be available in the near future.

Tullah.—Some structural improvements have been carried out.

TABLE O.
SUMMARY of Work Performed in Bush Nursing Centres during the Year Ended 30th June, 1951.

Names of Hospitals and Centres	No. of Hospital Beds	Visits to Surgery	Visits to Patients	Nursing Days in Hospital	Maternity Cases	Pre-Natal Visits	Child Welfare Visits	School Visits	Mileage	Fees Earned		
Southern—												
Alonnah (Bruny Is.)	2	817	24	124	8	34	289	29	472	£	s.	d.
Brighton Camp	....	3,063	582	....	5	62	106	....	251	52	7	5*
Cygnet	5	1,484	1	182	25	94	72	14	....	4	17	3†
Oatlands	5	745	....	813	44	180	425	2	....	....	....	....
Ouse	5	2,312	52	752	47	176	196	....	964	71	13	6
Sorell	4	846	40	335	27	41	106	11	....	30	0	6
Southport	2	290	14	77	4	11	66	3	242	2	7	6
Strahan	....	945	560	....	....	134	77	....	1,728	37	10	6
Swansea	3	748	192	148	15	53	273	2	....	53	7	6
Tasman	5	686	5	447	30	33	89	....	425	5	7	6‡
Triabunna	3	1,020	103	167	14	115	471	2	454	46	3	0
Total Centres	11 34	12,956	1,573	3,045	219	933	2,170	63	4,536	£307	14	8
Northern—												
Avoca	....	616	155	....	....	12	98	2	359	36	0	10
Cape Barren Is.	4	384	109	284	3	27	46	3	63	....	....	....
Flinders Is.	5	474	....	538	16	26	188	....	....	1	0	0
Gladstone	....	1,092	327	....	....	70	451	15	6,878	33	11	0
Grassy (King Is.)	....	2,490	361	....	4	27	1,019	5	6,823	148	7	6
Lilydale	....	296	672	....	1	60	701	....	6,949	203	0	2
Mole Creek	....	659	138	....	....	2	173	2	458	39	16	6
Redpa	2	499	150	68	9	26	178	....	1,743	59	7	6
Ringarooma	....	423	183	....	1	4	217	2	1,294	46	17	3
Rosebery	1	6,238	1,262	61	2	323	605	1	3,814	2	15	0
Rossarden	....	1,748	478	....	....	153	393	3	5,335	10	13	10
St. Helens	4	210	33	453	23	14	510	....	818	12	14	6
Storeys Creek	....	1,185	592	....	....	32	102	10	1,046	....	....	....
Tullah	....	700	252	....	....	77	92	5	455	....	....	....
Waratah	....	1,212	910	....	....	37	229	3	2,036	1	0	0
Total Centres	15 16	18,226	5,622	1,404	59	890	5,002	51	38,071	£595	4	1
Grand Totals												
North and South	26 50	31,182	7,195	4,449	278	1,823	7,172	114	42,607	£902	18	9

* Closed permanently 24.4.51. † Closed to in-patients January to June, owing to staff shortage.
‡ In-patients reduced owing to staff shortage.

Comparative Figures for 5 Years 1946-47 to 1950-51.

Year	Total No. of Hospitals and Centres	No. of Beds	Visits to Surgery	Visits to Patients	Nursing Days in Hospital	Maternity Cases	Pre-Natal Visits	Child Welfare Visits	School Visits	Mileage	Fees Earned		
1946-47	23	49	14,895	5345	6012	321	1842	6026	146	33,401	£	s.	d.
1947-48	23	45	13,486	5807	4428	244	1551	7297	166	37,631	778	18	11
1948-49	25	45	18,934	5994	3675	253	1414	6375	131	32,032	697	18	5
1949-50	26	51	24,650	6221	5025	323	1701	7804	140	39,845	699	1	3
1950-51	26	50	31,182	7195	4449	278	1823	7172	114	42,607	902	18	9

GOVERNMENT MEDICAL SERVICE.

This service has continued to function satisfactorily, and has rendered very valuable assistance to isolated areas, which were previously devoid of adequate medical attention except at very heavy expense to patients.

The shortage of medical officers experienced in previous years has not been so acute, and it is confidently expected that sufficient medical officers will now be available to guard against breakdown in the service.

Want of housing accommodation is delaying the establishment of centres at Richmond and Avoca,

and further residences are to be erected at Dover and Ouse. The residence under construction at Sorell is expected to be completed early in January, 1952.

Medical consulting rooms have been erected at Nubeena (Tasman) and Maydena (New Norfolk), and plans are in course of preparation for additional consulting rooms at Bicheno, Herrick, Winnaleah and Bridport.

The summary of the work carried out by the Government Medical Service is shown in Table P, and indicates the extent of the services rendered by Government Medical Officers in the various districts.

TABLE P.
SUMMARY of the Work Performed by Government Medical Officers during the Year Ended 30th June, 1951.

District.	Population.	Date of Commence- ment of Service in District.	Number of Attendances upon Patients, showing Location of Attendance (excluding Workers' Compensation and Midwifery Cases which are shown separately).				Number of Attend- ances upon Work- ers' Compensation Cases.	Number of Attendances upon Midwif- ery Cases	Total of all Attend- ances	Mileage Covered
			Resi- dence.	Surgery.	Hospital	Total				
Bruny	790	1.3.38	735	168	46	950	...	...	950	5,875
Esperance ...	3,160	11.3.38	2,548	1,530	33	4,111	1	...	4,112	10,230
Evandale... ..	1,730	1.7.47	2,285	2,555	...	4,840	28	...	4,868	7,427
Flinders	920	1.5.38	1,381	1,247	120	2,758	20	3	2,781	10,093
Glamorgan- Spring Bay	2,000	18.5.38	652	1,119	108	1,879	13	1	1,893	9,566
George Town...	1,190	5.1.40	1,952	1,920	17	3,889	14	...	3,903	17,594
Hamilton... ..	5,190	1.5.38	570	1,840	56	2,466	...	...	2,466	10,410
Kingborough ...	7,020	1.3.38	1,400	1,922	...	3,322	291	1	3,614	13,610
King Island ...	1,850	1.9.38	843	4,668	382	5,893	75	14	5,982	5,427
New Norfolk...	9,040	9.8.46	1,450	8,717	644	10,811	77	1	10,889	20,938
Penguin	3,680	13.7.38	1,064	4,326	...	5,390	73	...	5,463	11,717
Port Cygnet...	2,710	1.7.40	1,369	1,864	18	3,251	1	11	3,263	8,682
Portland	1,640	14.6.39	1,329	2,393	73	3,795	71	6	3,872	5,244
Ringarooma ...	3,500	1.1.40	724	2,344	...	3,068	113	...	3,181	11,739
Scottsdale... ..	3,240	5.8.39	695	4,695	1,156	6,546	118	5	6,669	6,832
Sorell... ..	2,130	1.12.38	2,283	3,016	227	5,526	54	14	5,594	10,930
Tasman	1,020	21.4.38	1,783	945	...	2,728	...	26	2,754	13,189
Totals	50,810	...	23,064	45,269	2,890	71,223	949	82	72,254	179,503

JOHN EDIS, M.R.C.S., L.R.C.P., M.R.C.O.G.,
Acting Director of Hospital and Medical Services.

APPENDIX IV.

REPORT OF NURSES' REGISTRATION BOARD
FOR THE YEAR ENDED 30th JUNE, 1951.

Personnel of Board.

Dr. B. M. Carruthers, Chairman.
Dr. J. C. Laver, Superintendent, Royal Hobart Hospital.
Dr. J. Edis, Superintendent, Launceston General Hospital.
Dr. T. C. Butler.
Miss J. O. Brown, Matron, Royal Hobart Hospital.
Miss C. I. Skirving, Matron, Launceston General Hospital.
Miss B. L. Campbell, Matron, Devon Public Hospital.
Miss M. W. Melross, Matron, Homoeopathic Hospital,
Launceston, appointed March, 1951.

Miss M. G. Muldoon, Matron, Lyell District Hospital,
appointed March, 1951.

Miss C. I. Skirving has been on leave of absence abroad
since February, 1951, and Miss K. Skirving has attended
meetings since then as an observer.

Dr. C. Craig has attended meetings as an observer.

Meetings.

Six ordinary meetings were held during the year.

Legislation.

The Nurses' Registration Act was amended to increase
the number of members on the Board from seven to nine,
and to provide for two extra nurse members, thus making
a nurse majority on the Board.

The regulations, which had been extensively amended over a period of years, were consolidated and redrafted. All curricula contained in these regulations were revised.

Regulations were also made under the Tasmanian Auxiliary Nursing Service Act.

Traning Schools.

Number of registered training schools—

General	10
Midwifery	6
Psychiatric	2
Child Welfare	2
Tuberculosis	1

Trainees.

1. Applications for training (178) as follows:—

General	94
Midwifery	58
Child Welfare	26

2. Commenced training (329) as follows:—

General	154
(Of these 40 were under 17).	
Midwifery	111
Psychiatric	17
Child Welfare	47

3. Completed training (213) as follows:—

General	81
Midwifery	79
Psychiatric	6
Child Welfare	47

4. Resigned before completion of training (133) as follows:—

General	94
(Includes 5 of the 40 who commenced under 17.)	
Midwifery	15
Psychiatric	23
Child Welfare	1

5. Total number in training at 30.6.51 (524) as follows:—

General	380
(Includes 8 male nurses.)	
Midwifery	88
(Includes two eighteen months trainees.)	
Psychiatric	40
Child Welfare	16

Examinations.

1. Educational Examinations for Intending Trainees.—Number held, 4; Number of candidates, 9. Results: Passed 1; failed 8.

2. Examinations for Registration of Nurses.—Number held, 3; Number of candidates, 223.

Results:

	No. of Candidates	Passed.	Failed.
General	78	70	8
Midwifery	93	89	4
Psychiatric	4	4	...
Child Welfare	48	47	1

Registration of Nurses.

1. Applications approved (619), as follows:—

General	352
Midwifery	202
Psychiatric	6
Child Welfare	56
Tuberculosis	3

2. Registrations renewed (1,168) (No. of persons 798), as follows:—

General	706
Midwifery	345
Psychiatric	47
Child Welfare	61
Tuberculosis	9

3. Total number of registrations in State at 31.12.50 (1,927), as follows:—

General	1,135
(Includes 6 male nurses)	
Midwifery	609
Psychiatric	50
Child Welfare	123
Tuberculosis	10

4. Number of registered nurses as at 31.12.50 (1,308) as follows:—

General only	618
General and Midwifery	397
Midwifery only	111
General, Midwifery and Child Welfare	94
Psychiatric only	43
General and Child Welfare	16
Tuberculosis only	7
Child Welfare only (others lapsed)	7
General and Psychiatric	5
Midwifery and Child Welfare	5
General and Tuberculosis	3
General, Midwifery and Psychiatric	1
General, Midwifery, Psychiatric and Child Welfare	1

General.

Since provision was made in the Nurses' Registration Act to allow for the registration of foreign trained nurses, provided the Board considered their training substantially equivalent to that given in this State, one Polish nurse and one Lithuanian nurse have been registered. Also one Dutch and one Swiss nurse have entered training schools as fourth year trainees for six months, at the end of which period the Board will receive a report on their work from the Superintendent and Matron.

The Procedure Book published by the Nurses' Registration Board is now in use in all training schools throughout the State. This should do a great deal to promote uniformity of training. An experiment in the making of films and slides of some of the general nursing procedures was undertaken at the Launceston General Hospital, and an extension of this work is under consideration, with a view to making these films and slides available to all training schools.

A number of first year trainees passed their first year examinations under the new system which was instituted when legislation was passed last year, inaugurating the Tasmanian Auxiliary Nursing Service, but most of these nurses remained at their training schools and proceeded with their second year of training. To date, no one has joined the Tasmanian Auxiliary Nursing Service.

During the year an agreement was entered into with the Boards of Management of the Lyell and Zeehan District Hospitals for their trainees to spend from six to twelve months of their training at one of the major base hospitals.

The Board expressed its gratification at the opening of a post-graduate College of Nursing in Australia, and decided to record in the Register recognised post-graduate diplomas from this and overseas colleges.

Great difficulty has been experienced in securing a text book on Anatomy and Physiology, which is suitable for nurses. However, a series of lecture notes has been drawn up by lecturers at the major base hospitals, and these are now being used as a basis for lectures in all training schools. If this proves satisfactory, the Board will have these notes published and used as a text book.

In April, 1951, representatives from the Nurses' Registration Board and Hospital Authorities from this State met representatives of these bodies from all other States and officials of the Commonwealth Department of Health in Canberra. This conference was called by the Federal Minister of Health, and matters were discussed relating to training and registration of nurses, uniformity and reciprocity, and a recommendation was made to the Federal Minister of Health for the appointment of a National Advisory Council on Nursing, to discuss and advise on all matters pertaining to nursing.

JOHN EDIS, M.R.C.S., L.R.C.P., M.R.C.O.G.,
Acting Chairman.

P. A. DRISCOLL, Secretary.

APPENDIX V.

REPORT OF ST. JOHN'S PARK, NEW TOWN, FOR THE YEAR ENDED 30th JUNE, 1951.

Statistics.

Number of beds available:—

Female division (including 74 hospital beds)	155
Male division (including 71 hospital beds)	254
Total	409

Patients	Year	No. resident at commencement of year			Admitted			Discharged			Died			Remaining at end of Year			Average daily No.
		M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	
		223	144	367	156	87	243	106	54	160	45	38	83	228	139	367	
		298	139	367	177	101	278	90	45	135	74	50	124	241	145	386	
		1949-50															369.29
		1950-51															375.46

Summary.

	1949-50.	1950-51.
Number resident at commencement	367	367
Admitted during the year	243	278
	610	645

Discharged during the year	160	135
Deaths during the year	83	124
	243	259
Number resident at close of year	367	386

Finance.

Revenue:—

	£	£
Commonwealth Hospital Benefits	19,885	20,305
State aid (net cost)	46,988	58,137
Invalid and old-age pensions contributions	13,276	14,748
War service pensions contributions	1,038	1,059
Private maintenance	1,774	2,063
Laundry services	376	396
Sundries	377	356
	£83,714	£97,064

Expenditure:—

	£	£
Salaries and allowances	45,614	52,486
Provisions and medical comforts	20,355	24,730
Stores, fuel and light	9,659	9,299
Bedding and clothing	6,000	8,323
Repairs and renewals of buildings	620	1,151
Sundries	1,466	1,075
	£83,714	£97,064

	£	s.	d.	£	s.	d.
Gross daily cost per inmate	0	12	5	0	14	2
Net daily cost per inmate	0	7	0	0	8	6
Gross weekly cost per inmate	4	6	11	4	19	2
Net weekly cost per inmate	2	8	10	2	19	5

Buildings and Equipment.

During the year the following items of equipment, &c., were provided, and have proved very beneficial to patients and the Institution generally:—

A new Amazon single-roll ironer for the laundry; 130 sponge rubber mattresses for all hospital beds; several new 30-gallon stainless steel oil-jacketed electric stock-pots; a large electric oven and a large mixing machine in the Male kitchen; tubular stainless steel laminex top dining tables in the Male and Female Divisions; several new electric food trolleys; several new frigidaires; several large four-speed electric fans in the Female Division, and 155 new tip seats in the picture theatre.

In addition, two pianos were purchased out of the Patients' Trust Fund, one for Gellibrand House and one for the Female Division of St. John's Park.

A new lavatory block has been erected at the Female Division. The main section of the new building for male patients is nearing completion. As soon as the blinds, curtains and linos are purchased, it will be ready for occupation by the seventy patients now occupying the present hospital section.

Thanks for Donations.

On behalf of the patients of St. John's Park, it is desired to thank all those who again so generously provided gifts of money and goods for their comfort during the year.

Devotional.

The spiritual welfare of the patients was given every attention by the various denominations, services being held regularly at the Institution.

L. WOODHOUSE, Superintendent.

APPENDIX VI.

REPORT OF HOME FOR INVALIDS, LAUNCESTON, FOR THE YEAR ENDED 30th JUNE, 1951.

No. of beds available:—

Female division	19
Male division	15
	34

Patients.

Year	No. resident at commencement of year			Admitted			Discharged			Deaths			Remaining at end of year			Average daily No.
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	
1949-50	14	18	32	9	7	16	4	2	6	5	6	11	14	17	31	33·1
1950-51	14	17	31	10	7	17	4	4	8	6	4	10	14	16	30	31·3

Summary.

	1949-50.	1950-51.
Number resident at commencement	32	31
Admitted during the year	16	17
	48	48
Discharged during the year	6	8
Deaths during the year	11	10
	17	18
Number resident at close of year	31	30

Finance.

Revenue:—	1949-50.	1950-51.
	£	£
Commonwealth		
Benefits	4,834	4,585
State aid	1,036	1,547
	£5,870	£6,132
Expenditure:—	£ s. d.	£ s. d.
Average daily cost per patient	0 9 8	0 10 9
Average weekly cost per patient	3 7 11	3 15 1

SECTION III.—REPORT OF DIRECTOR OF TUBERCULOSIS FOR THE YEAR ENDED 30th JUNE, 1951.

NOTIFICATIONS.

During the period 1.7.50 to 30.6.51, a total of 236 cases of Tuberculosis was notified to the Tuberculosis Division under Section 3 of the Tuberculosis Act, 1949. Of these, 210 cases were shown to be Pulmonary, and the remainder, i.e. 26, of a non-Pulmonary nature. Included in the 210 Pulmonary cases are 35 persons who are eligible for treatment and benefits under the Repatriation Act.

Table Q. gives a summary of cases according to age, sex, form and stage of disease.

A perusal of the table will show that 125 of the cases notified, i.e. 59.5 per cent, come within the 20 to 44 age group, which age group was covered by the compulsory X-ray provisions of the Tuberculosis Act, in the Hobart and adjacent areas, during this period.

It is also noted that in this group females predominate, whereas on the male side the cases are more evenly distributed over all age groups.

Of the 37 cases notified in an advanced stage of the disease, approximately one-third were persons residing in the Hobart and adjacent areas, where compulsory X-ray was operative.

Mode of Discovery.

	Year 1951.	Percentage of Total.	Year 1948.	Percentage of Total.
Private physicians	46	21.9	48	28.5
Chest clinics (contacts and non-contacts)	28	13.5	18	10.8
Public hospitals (including Repat. Hospital)	63	30	58	34.5
Mass X-ray survey	73	34.6	44	26.2
	210		168	

In examining the above figures it will be seen that during the past year, when compulsory X-ray was operating in Hobart and adjacent areas and some country districts, the number of Pulmonary notifications increased by 42 as compared with 1948, when X-ray was purely on a voluntary basis; also that the number of cases notified through the medium of Chest Clinics and the Mass Survey has shown an upward trend. This, it is considered, can be attributed to the fact that the compulsory X-ray provisions of the Tuberculosis Act were put into operation in the above-mentioned areas.

The routine chest examination of all patients admitted to public hospitals must also be regarded as an important avenue of discovering unsuspected cases. It is hoped in the near future to have installed at the Royal Hobart Hospital an X-ray plant, which will enable the routine chest examination to be extended to cover all out-patients at that hospital.

It is considered that the procedure of routine chest examination for all patients admitted to public hospitals is not only an important means of discovering unsuspected cases, but also provides a definite protection for the nursing staff. and in this regard it is pleasing to note the number of cases discovered among the nursing profession is indeed very small.

Sputum Examination at Time of Notification.

An analysis of the 210 Pulmonary cases notified shows that in 85 cases the Tubercle bacilli were present. In 75 cases tests were shown to be

negative, and in 50 cases the result of sputum tests was not given on the notification form. It is pleasing to note that the number of notifications where no sputum result was quoted has considerably reduced during the past year. During year ended 30.6.50 there were 62 cases out of a total 188 where the sputum result was not given, whereas during the past year the number was 50 out of a total of 210. This is probably due to the increased publicity of the anti-Tuberculosis campaign, and reflects a much-improved co-operation and keener diagnosis of cases by medical practitioners generally.

Family History.

In 51 cases it was found that a definite family history of Tuberculosis could be traced. In 99 cases no history of the disease could be traced, and in the remaining 60 cases no reference to family history of the case was given.

Hospitalisation.

Of the 210 Pulmonary cases—

- 67 were admitted to the Tasmanian Chest Hospital;
- 41 were admitted to the Northern Chest Hospital;
- 21 were admitted to the Repatriation Hospital;
- 1 received treatment in the Royal Hobart Hospital;
- 1 received treatment in the St. Helens Hospital;
- 3 received treatment in the Launceston General Hospital;
- 1 received treatment in the Lyell District Hospital;
- 1 was admitted to the Lachlan Park Hospital;
- 5 cases waiting admission to the Chest Hospital;
- 12 cases have died since notification;
- 2 cases were diagnosed as result of post mortem;
- 2 cases have left the State;
- 5 cases were able to resume employment, after domiciliary supervision;

- 37 cases under domiciliary supervision, Chest Clinics or private physician;
- 11 cases under domiciliary supervision of the Repatriation Commission.

210

Notifications from Each Municipality.

The number of cases notified each month from the various municipalities is given in Table R. It will be noted that approximately 50 per cent of cases are from Hobart and Launceston areas, i.e. Hobart 56, Launceston 36, Glenorchy 19, Clarence 8. In the Hobart Municipality it is found that 35 of the 56 cases in Hobart area were discovered during the first seven months of the year, and 21 in the last five months. In this connection it is considered that the lower percentage in the latter five months is due to the fact that during this period persons presenting themselves for X-ray would be those having their second examination under the compulsory age group scheme. It is assumed that subsequent results will show a further decrease, with the periodical recall of persons for further examination.

Occupations (Generally).

Occupations most frequently occurring among the 210 Pulmonary cases notified were:—

Home duties	50
Labourer	12
Office worker	11
Building industry	13
Agriculture and orchard-	
ing	8
Industrial worker	12
Commercial: Shop assist-	
ant, barman, hairdresser	15
School child	6
Miner or surface miner	6
Timber mill worker	4
Retired person	3
Factory hand (male and	
female)	5
Waterside worker	3
Nursing	3
Butcher	3

Among female sufferers the incidence would appear to be much higher among those engaged in home duties. This is in accordance with the higher number of cases notified among females in the 20 to 44 age group, which group would naturally be made up mainly of married women.

TABLE Q.
Showing Age, Sex, Form and Stage of Disease of Cases Notified during Year Ended 30.6.51.

Age Group.	Males.					Females.					Total Persons.				
	Minimal.	Moderately Advanced.	Advanced.	Non-Pulmonary.	Total.	Minimal.	Moderately Advanced.	Advanced.	Non-Pulmonary.	Total.	Minimal.	Moderately Advanced.	Advanced.	Non-Pulmonary.	Total.
0-4	...	...	...	...	...	1	...	...	1	2	1	...	...	1	2
5-9	1	...	...	...	1	...	...	...	...	...	1	...	...	...	1
10-14	...	...	...	3	3	1	1	1	2	5	1	1	1	5	8
15-19	4	3	...	...	7	3	7	2	1	13	7	10	2	1	20
20-24	5	7	2	3	17	9	8	4	3	24	14	15	6	6	41
25-29	7	10	...	1	18	5	3	2	2	12	12	13	2	3	30
30-34	4	1	1	...	6	4	6	1	1	12	8	7	2	1	18
35-39	4	8	2	2	16	6	5	...	...	11	10	13	2	2	27
40-44	1	7	...	2	10	7	6	...	1	14	8	13	...	3	24
45-49	3	12	2	...	17	...	3	1	1	5	3	15	3	1	22
50-54	2	3	6	...	11	...	3	...	1	4	2	6	6	1	15
55-59	...	2	1	1	4	...	...	1	...	1	...	2	2	1	5
60-64	...	5	2	1	8	...	1	...	...	1	...	6	2	1	9
65-69	...	1	1	...	2	...	1	...	...	1	...	2	1	...	3
70-74	1	...	2	...	3	...	...	2	...	2	1	...	4	...	5
75 and over	1	...	2	...	3	...	...	1	...	1	1	...	3	...	4
Not shown	...	1	...	...	1	1	...	...	...	1	...	1	1	...	2
Totals	33	60	21	13	127	37	44	15	13	109	69	104	37	26	236

TABLE R.

TABLE Showing Notifications Received Each Month from Each Municipality.

Municipality.	July	August	September	October	November	December	January	February	March	April	May	June	Total.
Beaconsfield ..	...	...	...	...	...	...	1	...	...	...	2	1	4
Bothwell ..	...	1	...	...	...	...	...	...	...	...	...	...	1
Brighton ..	...	...	1	...	...	...	...	...	...	...	...	...	1
Bruny ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Burnie ..	...	1	...	2	2	...	...	...	...	1	1	1	8
Campbell Town ..	...	...	...	...	...	...	...	...	...	1	...	...	1
Circular Head ..	1	...	...	...	...	...	...	...	...	...	...	1	2
Clarence ..	2	...	...	...	2	...	2	...	...	...	1	1	8
Deloraine ..	1	2	...	...	...	...	...	...	...	...	...	1	4
Devonport ..	1	1	...	1	1	1	...	...	...	...	...	1	6
Esperance ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Evandale ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Fingal ..	...	...	...	1	1	...	...	...	...	...	...	...	2
Flinders ..	1	...	1	...	...	...	...	...	1	...	...	...	3
George Town ..	...	...	1	...	...	...	...	...	...	...	...	...	1
Glamorgan ..	...	...	...	...	...	...	1	...	...	...	...	...	1
Glenorchy ..	...	...	1	3	3	2	2	3	1	1	2	1	19
Gormanston ..	...	...	...	...	...	...	...	1	...	...	...	...	1
Green Ponds ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Hamilton ..	...	...	...	...	1	1	1	...	...	...	2	...	5
Hobart ..	7	6	4	4	7	4	3	2	4	6	5	4	56
Huon ..	1	...	...	...	...	...	...	...	...	...	1	...	2
Kentish ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Kingborough ..	...	...	...	...	1	1	1	2	...	...	1	2	8
King Island ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Latrobe ..	...	1	...	...	1	...	...	...	...	1	...	...	3
Launceston ..	3	5	5	...	3	3	4	2	4	3	2	2	36
Lilydale ..	...	1	...	...	...	...	...	...	...	...	...	...	1
Longford ..	...	...	2	...	...	...	...	1	...	1	...	1	5
New Norfolk ..	...	...	...	3	...	1	...	...	2	3	2	1	12
Oatlands ..	...	...	...	...	...	...	...	...	...	1	...	...	1
Penguin ..	...	1	...	...	1	...	...	1	...	...	...	...	3
Port Cygnet ..	1	...	...	...	...	...	...	...	...	...	...	...	1
Portland ..	...	...	...	...	...	...	...	...	...	1	...	...	1
Queenstown ..	1	1	1	...	1	1	1	1	1	1	1	...	10
Richmond ..	1	1	...	...	...	...	...	...	...	...	1	...	3
Ringarooma ..	...	...	1	...	...	2	1	...	...	1	...	...	5
Ross ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Scottsdale ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Sorell ..	...	...	...	...	...	1	...	...	...	...	...	...	1
Spring Bay ..	...	...	...	...	1	...	...	...	1	...	...	...	2
St. Leonards ..	...	...	...	1	...	...	1	1	...	...	...	...	3
Strahan ..	...	...	...	...	...	1	...	...	...	...	...	...	1
Table Cape ..	1	...	...	...	1	...	1	...	1	...	...	...	4
Tasman ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Ulverstone ..	1	...	1	...	2	...	...	...	...	...	...	...	4
Waratah ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Westbury ..	...	...	...	...	...	...	...	1	...	...	1	1	3
Zeehan ..	...	...	...	...	...	2	...	...	1	...	1	...	4
Total Cases ..	22	21	18	15	28	20	19	15	16	21	23	18	236
Pulmonary ..	19	17	18	14	28	18	16	13	15	18	19	15	210
Non-Pulmon-ary ..	3	4	...	1	...	2	3	2	1	3	4	3	26

GENERAL CASE REGISTER.

A summary of the State Case Register as at 30.6.51 (Table S) shows a total of 927 current cases, 474 males and 453 females, including 77 non-Pulmonary cases.

Of the 850 Pulmonary cases it is found that 380 are active, 300 are in the quiescent stage, and 54 have reached the arrested stage. In 116 cases the current clinical status had not been determined at the time these figures were compiled.

Staff.

Dr. A. H. M. Oakes, Medical Officer at the hospital, was on 21.12.50 promoted to the position of Medical Superintendent, and Dr. M. G. Ciezar was appointed to the position of Medical Officer, rendered vacant by the promotion of Dr. A. H. M. Oakes.

Buildings.

During the year a new laundry for use of resident staff was completed and put into use.

NORTHERN CHEST HOSPITAL, EVANDALE.

The following return gives a summary of the admissions, discharges and deaths:—

	Males.	Females.	Total.
In residence 1.7.50	21	29	50
Admissions	30	44	74
Total patients treated	51	73	124
Discharges	29	38	67
Deaths	2	4	6
Total of deaths and discharges	31	42	73
In residence at 30.6.51	20	31	51
Average daily number in residence			51.9

Treatments Carried Out.

(a) Artificial pneumothorax: New cases	2
Artificial pneumothorax: Refills	168
(b) Pneumoperitoneum: New cases	6
Pneumoperitoneum: Refills	229
(c) B.S.R. examinations	698
(d) X-ray examinations	537
(e) Screenings	2
(f) Surgery—	
(i) Pneumonectomy	1
(ii) Lobectomy	1
(iii) Thoracoplasty	2
(iv) Phrenic Crush	6
(v) Pneumolysis	6

Amenities.

The Northern Sanatorium Auxiliary Committee has continued to take an active interest in the welfare of the patients by providing regular weekly entertainment at the hospital, and in addi-

tion has provided many items which have contributed to the welfare of the patients, and helped to make their stay much happier.

Devotional.

Thanks are also due to the various ministers of religion for their interest in the spiritual and material well-being of the patients.

Equipment.

During the year much modern kitchen equipment has been installed and has proved a great boon to cooks and kitchen staff.

Buildings.

During the year a new prefabricated residence was erected in the grounds of the hospital and was occupied by the Supply and Supervision Officer. A residence was also purchased in Launceston for the Medical Superintendent. Final plans for extensions to the hospital have been approved, and with the completion of these additions accommodation for a further 30 patients will be provided.

Staff.

Dr. D. B. Nathan was appointed Medical Superintendent of the hospital on 27.2.50, but unfortunately he found it necessary to relinquish his position on 13.12.50. Dr. Nathan, however, continued to carry out the duties in a temporary capacity until the appointment of Dr. G. E. Sibthorpe on 5.5.51.

CHEST CLINICS.

The activities of the Chest Clinics at Hobart, Launceston and Devonport must be regarded as a most effective and important part of the campaign against Tuberculosis. The following return gives an indication of the work performed at these centres during the year. The Clinics exercise a beneficial effect, not only by the actual treatment and supervision of ex-sanatoria and domiciliary patients, and suspected cases, but also by the interest taken in the economic and material welfare of the patient.

Examinations.

	Hobart.	Launceston.	Devonport.	Total.
Persons referred to Chest Clinic for further investigation	111	16	3	130
Persons referred to Chest Clinic for further investigation by private physicians	123	53	12	188
Contacts examined for first time	287	230	187	704
Contacts re-examined	1,877	1,483	190	3,550
Clinic cases hospitalised	92	35	17	144
Persons still under observation	11	12	15	38

Clinical Treatments and Investigation.

Gastric Lavages completed	102	17	4	123
B.S.R. examinations	769	337	131	1,237
Artificial pneumothorax refills	648	359	236	1,243
Pneumoperitoneum refills	533	155	48	736
X-ray examinations	3,420	2,072	453	5,945
Screenings	226	355	183	764
Sputum examination	782	438	116	1,336
B.C.G. examination	264	232	79	575
Domiciliary visits (Medical Officer)	20	65		85
Domiciliary visits (Clinic Sister)	1,115	407	316	1,838

X-RAY UNITS.

Tables T-Y give the results of X-ray examinations carried out by the Hobart and Mobile X-ray Units.

TABLE T.

Showing Number and Results of Large Films Taken by the Hobart Unit during period 1.7.50 to 30.6.51.

HOBART UNIT.	
Item 1. No. of large films which showed no abnormality	1,426
Item 2. No. of large films which disclosed abnormality, other than Tubercular (summarised as per Table U.)	110
Item 3. Large films of persons previously diagnosed Tuberculous now showing:—	
(a) Still active	2
(b) Inactive	14
Item 4. No. of large films disclosing Tuberculous lesions (summarised according to sex and age as per Table V)—	
(a) Active lesions	46
(b) Inactive lesions	149
(c) Still under observation	123
Total	1,870

TABLE V.
SUMMARY of Item 4, Table T.
HOBART UNIT.

Age Group.	Active.		Inactive.		Requiring Further Investigation.	
	Male.	Female.	Male.	Female.	Male.	Female.
Under 14 years	1	4	1	4	2	3
14-19 years	1	5	3	2	4	2
20-24 years	3	7	5	2	5	3
25-34 years	2	7	17	23	17	8
35-44 years	5	1	24	31	26	13
45-54 years	7	2	11	17	16	6
55 years and over	1		6	3	10	8

TABLE U.

SUMMARY of Item 2, Table T.—Non-Tubercular Conditions Discovered by Large X-ray.

HOBART UNIT.	
Virus Pncumonia	1
Broncho-Pneumonia	4
Bronchiectasis	5
Bronchitis	14
Cardiac	16
Eventration of Diaphragm	7
Fibrosis of Lung	9
Dermoid Cyst	1
Hydatid Cyst	2
Old Empyema	1
Old Pleurisy	15
Pleural Effusion	1
Rib abnormality	2
Scoliosis	3
Silicosis	1
Thyroid	11
Hila Glands abnormal	2
Carcinoma of Lung	2
Cystic Disease of Lung	3
Total	110

TABLE W.

Showing Number and Results of Large Films Taken by the Mobile Unit during period 1.7.50 to 30.6.51.

MOBILE UNIT.	
Item 1. No. of large films—no abnormality discovered	844
Item 2. No. of large films which disclosed abnormality other than Tubercular (summarised as per Table X.)	69
Item 3. Large films of persons previously diagnosed Tuberculous now showing—	
(a) Still active	6
(b) Inactive	
Item 4. No. of films disclosing Tuberculous lesions (summarised according to sex and age as per Table Y)—	
(a) Active	32
(b) Inactive	94
(c) Requiring further observation	115
Total	1,160

TABLE X.

SUMMARY of Item 2, Table W.—Non-Tubercular Conditions Discovered by Large X-ray.

MOBILE UNIT.	
Bronchiectasis	2
Bronchitis	6
Cardiac	8
Eventration of Diaphragm	8
Fibrosis of Lung	4
Hydatid Cyst	2
Mediastinal Tumour	2
Old Empyema	3
Old Pleurisy	14
Scoliosis	3
Silicosis	13
Tumour of Lung	3
Thyroid	1
Total	69

Division. The X-ray examination of the chest of all patients admitted to the Hobart and Launceston hospitals has been continued, and efforts are in progress to provide this service at the Queenstown Hospital, since Tuberculosis is an even greater menace than usual in communities where underground mining forms a large part of the employment.

The Clinic at Devonport has continued to grow and provides a most important means of control in this fast growing district.

Within the next few months, a start will be made to provide a Clinic in Burnie. I must thank the authorities of the Burnie Hospital, and other interested persons, for the help already given to the Division in the preliminary negotiations for the starting of the Burnie Clinic.

Negotiations, which it is hoped will be completed at an early date, are in progress for the provision of accommodation for the Transportable Unit in Launceston. Portions of this Unit are now on the way to Tasmania.

Dr. P. Braithwaite has carried out surgery for the Division, and a high standard has been maintained.

Dr. R. McIntosh, Dr. T. H. Goddard and the Director continue to be responsible for the reading of all miniature films, but as this section of the work continues to grow at an increasing rate it is likely that further “readers” will be appointed from among suitable medical practitioners.

Since October, 1950, we have been without the use of about a dozen beds in Vacluse Hospital, owing to the Poliomyelitis epidemic, but with the clearing of this we hope to be allowed again the use of these beds.

The “Narryna” After-Care Hostel has continued its valuable service and the thanks of the Division are extended to the After-Care Committee for its help and co-operation in this work.

TUBERCULOSIS ALLOWANCES.

Commencing in July, 1950, the Commonwealth introduced its scheme of Tuberculosis Allowances, and into this scheme the State scheme of pensions was merged.

The scheme has been described as the most effective system in the world. It is administered by the Commonwealth Social Services Department in co-operation with the State Division of Tuberculosis. The former Department is responsible for the Means Test and general administration of payments. The State Director of Tuberculosis recommends payments when satisfied of eligibility on medical and disciplinary grounds. During the first year it has been found that the scheme has worked smoothly and my thanks are due to the Commonwealth Department for its ready co-operation in this part of the work.

B.C.G. VACCINATION.

The vaccination of all new entrants to the nursing staff of the Hobart, Launceston and Devon Hospitals has been continued throughout the year.

TABLE Y.
SUMMARY of Item 4, Table W.
MOBILE UNIT.

Age Group.	Active.		Inactive.		Requiring Further Investigation.	
	Male.	Female.	Male.	Female.	Male.	Female.
Under 14 years	...	...	2	...	1	3
14-19	1	3	1	...	2	1
20-24	1	2	3	2	8	7
25-34	7	5	11	7	10	10
35-44	3	4	20	10	14	7
45-54	2	...	19	7	24	13
55 & over	4	...	10	2	20	5

GENERAL.

The outstanding developments in the Anti-Tuberculosis Campaign in Tasmania during the year have been—(i) The establishment of a B.C.G. Clinic in Hobart, for the vaccination of those groups of persons in the community at greatest risk, as well as others who work to avail themselves of this protection. Press and radio propaganda has been used to bring this Clinic under wider notice. (ii) The introduction of compulsion into the itineraries of the Mobile X-ray Unit. (iii) The completion of the buildings to house the growing staff of the Head Office of the

This protection has also been extended to "contacts" of cases of Tuberculosis and children born into Tuberculous households, at the Launceston and Devonport Chest Clinics and at the Hobart B.C.G. Clinic.

The education side of the Anti-Tuberculosis Campaign has been continued this year by a series of five-minute talks by the Director, broadcast over all commercial stations in Tasmania. Talks were also given to further the last "voluntary" itinerary of the Mobile X-ray Unit in Launceston.

The various pamphlets of the Division are constantly under review and up to date issues of these are thus ensured.

I should like to express appreciation of the action of the Hobart City Council in allowing the Division the use, free of charge, of the Immunisation Room at the Town Hall for the Hobart B.C.G. Clinic.

Thanks are also due to the Repatriation Commission for its ready co-operation, especially since the work of the Commission and of this Division are contiguous at so many points. To the Commission itself and to its Tuberculosis Specialist, Dr. Pennington personally, my thanks for the latter's valuable help during the year are expressed.

TUBERCULOSIS ASSOCIATION.

Towards the end of the financial year the Tuberculosis Association of Tasmania was founded and it is hoped that the cordial relations existing between this voluntary body and the Division will continue.

Much good for the patients and much help for the Anti-Tuberculosis Campaign generally will result from continuance of co-operation between these two bodies.

PROJECTED UNDERTAKINGS.

In April, 1951, the Commonwealth Director of Tuberculosis and officers of the Commonwealth Departments of Works and Housing, and Repatriation, conferred in Hobart with officers of the State Departments of Public Works and Health regarding the plans and site of the proposed new Chest Hospital in Southern Tasmania. As a result of this conference it was decided to erect a new multi-storey hospital at Claremont, in the

grounds of the Lady Clark Home. The plans, of course, required re-drawing and a further Commonwealth and State conference will be held to finalise these early in the coming year. It is expected that two to three years will be required for the construction of this project and plans are well in hand for temporary additions to the present Chest Hospital to accommodate 30 additional patients and the required nursing staff. A temporary recreation building for the Tasmanian Chest Hospital is also included in these plans.

In the case of the Northern Chest Hospital, plans for additional accommodation for 30 more patients and the necessary nursing staff are well advanced, and it is expected that they will soon reach the stage where tenders for the work can be called.

The gratitude of the Division is expressed to the Board of the Royal Hobart Hospital for its continued co-operation in providing facilities for the treatment of cases of Tuberculosis requiring major surgery.

STAFF.

During the year Dr. T. H. Goddard retired from the Directorship of the Division, and it is the aim of all officers of the Division to build well on the foundations he so truly laid.

Dr. Gwenyth E. Sibthorpe has returned to the staff as Medical Superintendent, Northern Chest Hospital, after furthering her studies in Britain. Congratulations on her obtaining the Diploma of Tuberculosis Diseases of the University of Wales, and a welcome back to the Staff, are extended to Dr. Sibthorpe.

During the year Dr. M. G. Ciezar was appointed to the staff of the Tasmanian Chest Hospital, and a welcome to him is also extended.

I wish to thank the Medical Superintendents and Matrons of the Tasmanian Chest Hospital and the Northern Chest Hospital and their staffs, and the Sisters in Charge of the Hobart, Launceston and Devonport Clinics and their staffs for their work and assistance during the year.

To the officers of the Mass X-ray Section Mobile Unit and to the officers of the Head Office of the Division I express thanks for their co-operation and appreciation of their work during the past twelve months.

JAMES TREMAYNE, M.B., M.R.A.C.P.,
Director of Tuberculosis.

SECTION IV.—REPORT OF DIRECTOR OF MENTAL HYGIENE FOR THE YEAR ENDED 30th JUNE, 1951.

One of the main events during the last year was the passing of an Act in the last session of Parliament by which the Mental Hospitals Act, 1858, was amended. The Act has been proclaimed and has now become law. As a result, provision is made for the Annual Report of the Mental Hospitals to be submitted by the Director of Mental Hygiene, instead of by the Official Visitors. The Official Visitors themselves have been increased in number from three to four, one of whom must be a woman. This is the first occasion on which women's interests have been so directly represented in this respect, and it is felt that the change is an advantage. Another most

important amendment has simplified the procedure for the apprehension of a person wandering at large and deemed to be insane.

The Mental Deficiency Act, 1920, has also been amended, and it has now been made possible to appoint a woman member of the Mental Deficiency Board.

Throughout the year shortage of female staff at both Lachlan Park and Millbrook Rise has been most acute, particularly so in respect to trained and experienced nurses. The New Australians appointed to the staff, for the most part, did not remain for very long, and it is questionable

whether in view of their language difficulties they have materially alleviated the position. In order to encourage trained general nurses to undergo psychiatric training, it is suggested that the period of two years required by the Nurses' Registration Board be shortened to one year, providing the training given is intensive. At present, such applicants are not forthcoming on account of the long period required to obtain the Psychiatric Certificate.

For the first time for many years there has been experienced considerable difficulty in obtaining young experienced psychiatrists to fill various vacancies existing on the medical staff. In order to overcome this difficulty in the future it is recommended that some inducement be given in the way of offering bursaries to enable younger men to obtain a Diploma of Psychological Medicine in one of the mainland States, on the understanding that they should give a specified term of three years' service to the State on their return.

Psychiatric clinics have been maintained, and, since the appointment of a full-time psychiatrist to the Launceston General Hospital, it has been possible to extend clinical facilities to the Scottsdale, Devon, Spencer and St. Marys Hospitals. Details of psychiatric work carried out at general hospitals, and in the Division of Mental Hygiene, for the year ended 30th June, 1951, are as follows:—

Out-Patients—

Royal Hobart Hospital	1,318
Launceston General Hospital	984
Devon Public Hospital	187
Spencer Public Hospital	103
Scottsdale Hospital	45
St. Marys District Hospital	8
Division of Mental Hygiene	493
Electro-encephalographic examinations (Royal Hobart Hospital)	47
	3,185

In-Patients—Seen in consultation—

Royal Hobart Hospital	290
Launceston General Hospital	143
Other hospitals	40
	473

Details of work carried out by the Psychologist are given in the following table:—

Hobart (including Royal Hobart Hospital, &c.)	300
Launceston (including Launceston General Hospital)	135
Devon Public Hospital	21
Spencer Public Hospital	12
New Norfolk	27
	495

Details of work carried out by Psychiatric Social Workers are given in the following table:—

Number of cases on which work undertaken	300
Number of homes visited	136
Number of home visits	248
Other visits	148
Number of visits outside Hobart	219
Visited in institutions	59

Cases on which one or more relatives interviewed	192
Cases on which one or more outside individuals, agencies, &c., contacted	167
	1,469

Perhaps it may be appropriate at this stage to review the achievement of the Division of Mental Hygiene since its inception in January, 1946, and to look forward to the future. Since that period we have had appointed in addition to the Director of Mental Hygiene, who was also recently given the position of Senior Consulting Psychiatrist for Public Hospitals, a full-time psychiatrist for Northern Tasmania. This appointment is officially made on the staff of the Launceston General Hospital, but in addition all Clinics in the northern half of the State are maintained by this officer. We have also a full-time psychologist, in addition to a part-time consulting psychologist, and two psychiatric social workers. Their duties cover the entire State. Clerical staff has been increased from one to three, in order to cope with the increasing volume of reports and filing.

Regular Psychiatric Clinics are now functioning at the Royal Hobart Hospital, Launceston General Hospital, Devon Public Hospital, Spencer Public Hospital and Scottsdale Hospital and the Public Health Department. Their expansion has been made possible, particularly by the appointment of the psychiatrist in the North, and also by the bringing down of some members of the medical staff of Lachlan Park and Millbrook Rise, to assist in conducting clinics in Hobart. It is hoped that these facilities may be continued and possibly extended in the future.

Over this period plans have been drawn up for the proposed new Mental Hospital at New Norfolk. After many years of delay and frustration, it now seems probable that work will be commenced in the near future. The same thing applies to plans formulated for the provision of a suitable reception house for cases prior to certification. At the best it seems as though it will be at least some years before completion of the new mental hospital will be in sight. This, of course, will further delay plans formulated for the creation of a mental defectives' colony on the site of the existing Lachlan Park Hospital. Facilities for the treatment of the mental defectives in Tasmania leave much to be desired. The position will continue in this way until such time as it is possible to have a comprehensive institution to deal with all the various grades and have them properly segregated. The only types that can be dealt with institutionally at the present time are the over 12 years high grade delinquent defectives, and even so accommodation is greatly restricted, and is quite inadequate to deal with those referred by the Courts. There simply is no provision for dealing now with many non-delinquents in the community requiring treatment. Some alleviation of the accommodation position could be brought about when the Home for Invalids at Launceston is placed at the disposal of the Division. It is anticipated that possession may be given to the Division of Mental Hygiene some time next year.

A step in the right direction was made last year by the setting up, under the auspices of the Education Department, of the Talire Child Centre for ineducables under the age of 14. Unfortunately, this does not deal adequately with the problem inasmuch as its use is restricted to dealing with a limited number of such cases from Hobart only.

It is strongly recommended that Talire should be converted immediately into a residential school so as to benefit children from other parts of the State as well, and that it be administered by the Division of Mental Hygiene. It is not practicable, nor is it desirable, for such a residential centre to be under the complete control of the Education Department unless that Department is able to provide adequate psychiatric and nursing services as well as educational facilities. Talire should be administered along similar lines to Travancore in Melbourne.

In regard to dealing with psychiatric cases at general hospitals, it is pointed out that it is quite impossible to completely divorce such cases from those suffering from physical illness. Many short-term cases of an episodic nature occur in the course of, or as a result of, physical disease. In such cases, from a practical point of view, it is most undesirable for them to be certified and transferred to a mental hospital. It is strongly recommended that consideration be given to the provision of a psychiatric unit at both the Royal Hobart and Launceston General Hospitals. Such units would deal with emergency and observation cases, prior to their being transferred to the centrally-situated Reception House to be erected at New Norfolk.

Members of the Division have been fully aware of their responsibilities in the education of the public towards a better awareness of the problems of a mental health service. Public lectures have been given by professional members of the Division to a number of outside organisations and groups. In addition the officers of the Division were primarily responsible for the creation of a Mental Health Association in the State, one of whose earliest functions was to assist in the formation of the Talire Child Centre.

An electro-encephalograph has been obtained for the State and, with the assistance of the Royal Hobart Hospital which houses and maintains it, electro-encephalographic services are now available as required in this State.

With the creation of a full department of Psychology in the University of Tasmania, there has been the need for training of final year students in field work. The State Psychological Clinic and the Psychiatric Clinics have been made available to the University for this purpose, and for the future the psychologist attached to the Department will regularly have a number of students each year for training purposes. In return, of course, the services of such students will be available to the Division to assist with the increasing volume of testing that is required by the expanding clinics.

Reports of the Mental Deficiency Board, State Psychological Clinic, Lachlan Park Hospital and Millbrook Psychopathic Home are contained in Appendices VII., VIII., IX. and X. respectively.

CHARLES R. D. BROTHERS, M.D., B.S.
F.R.A.C.P.,
Director of Mental Hygiene.

APPENDIX VII.

REPORT OF MENTAL DEFICIENCY BOARD FOR THE YEAR ENDED 30th JUNE, 1951.

As we have had to report each year, the number of defectives coming under the care and control of the Board continues to increase. This year we have completed the year with a total of 237 patients, an increase of 26 over the last figure quoted.

Accommodation remains, as ever, our most pressing problem. We still have no hostels for the accommodation of defectives who would be suitable for daily employment in the community. There is little or no prospect of anything being available in this respect in the immediate future. With regard to Government Institutions, the accommodation for male defectives is again strained to breaking point, as we now have 85 under such care. Fifty of these are housed in the Government Institution for Defectives at New Norfolk. Their ages range from fourteen upwards, and there is still no possible means of segregation. The open Institution at St. John's Park has 25 patients. Requests from the Courts or from other sources for the urgent placement of defectives places the Board in a most embarrassing position, since the order to take an urgent case often makes it necessary to place under guardianship some other case which may or may not be ready for such placement. Until a further institution of some kind is opened, the position with regard to male mental defectives will continue to be acute.

With regard to female defectives, there are now 43 of these all housed in the Government Institution for Defectives, St. John's Park, New Town. As previously stated, this is a virtually open institution and is not suitable to house all types of female defectives under control.

Of the total of 125 males under the control of the Board, only one is under supervision, and 39 are under guardianship. Increasing efforts have been made this year to obtain suitable employment for these defectives. In fact, several have been well placed and accommodation and employment found for them. There is a large number, however, who are in institutions because suitable hostel accommodation is not available and private persons cannot be found who are willing to accept responsibility for the care of defective persons.

Of the female patients, apart from those in the Government Institution for Defectives at St. John's Park, four are under supervision, and there is some possibility that the orders of certain of these might lapse during the year. The remaining 65 out of the total of 112 are under legal guardianship, either with private persons, or in such institutions as maternity homes or Catholic homes. The need with them, also, for suitable hostel accommodation is still very great.

During the year, the orders of 13 patients were allowed to lapse. Seven patients had to be transferred to the Mental Hospital, most of them from the Government Institution for Defectives, St. John's Park, New Town. One patient was transferred from Lachlan Park Hospital to the control of the Board. Five of the transfers to the Mental Hospital were females and two were males. Of the 37 cases taken over by the Board during the year (some of them being old cases which had previously been allowed to lapse, but were now renewed) six were brought under notice at the request of either Courts or Police Magistrates, most of these being sex offenders. In some instances they come to us at quite an early age. They again have to be committed to the institution along with all other types of defectives, and there is no possibility of providing for adequate segregation.

CHARLES R. D. BROTHERS, M.D., B.S., F.R.A.C.P.,
Chairman.

APPENDIX VIII.

REPORT OF STATE PSYCHOLOGICAL CLINIC FOR
THE YEAR ENDED 30th JUNE, 1951.

The work of the State Psychological Clinic continues to increase each year. Although the number of cases seen remains at about the same level, there is an increasing number of old cases who require re-testing. These are not shown on the actual returns as given in this report, where a total of 240 is given for the year ended 30th June, 1951. Of this number, 161 were males and 79 females. The classification is shown below:—

Vocational guidance was given to one male and one female. Of the remainder who were examined, 60 males and 18 females were found to be of normal or superior intelligence. Those who were classified as mentally defective included 35 males and 27 females in the feeble-minded group, while ten males and four females were ascertained to be imbeciles.

Among the cases noted above, 28 were referred by the Court, Gaol, Magistrates, Probation Officers, or Children's Courts.

The work of the Clinic was carried out at Hobart, Launceston, Latrobe and Wynyard. At the request of the Psychology Department of the University, arrangements have been made for our Psychologist to take and train a number of final year students in clinical psychological work. Although this will entail extra duties and time, it is felt that the Clinic should take its share in the training of future psychologists. This was one of the functions which was originally foreseen when the Clinic was first established in 1920, but it was not possible previously, as there was no full course in psychology until this year.

CHARLES R. D. BROTHERS, M.D., B.S., F.R.A.C.P.,
Director of Clinic.

APPENDIX IX.

REPORT OF LACHLAN PARK HOSPITAL, NEW
NORFOLK, FOR THE YEAR ENDED 30th JUNE,
1951.

I submit herewith a report on the Lachlan Park Hospital, as given to me by the Medical Superintendent, for the year ended 30th June, 1951.

There were 320 male and 365 female patients in hospital at the beginning of the year, compared with 315 male and 367 female at the end. Seventy-seven male and 113 female patients, a total of 190, were admitted to hospital during the year and 123 patients returned from trial leave, a total intake of 313.

A feature of new admissions was the high proportion of senile cases, roughly 20 per cent being over 65 years of age. Many of these patients are in frail physical health and are often bed cases. With the lowering of the birth rate and the increasing longevity of the population, a further increase in the percentage of senile cases must be expected in the future.

There has been no improvement in the accommodation provided for patients, which is particularly poor in some wards for female patients, but it is hoped that in the coming year a start will be made on the building of the new Mental Hospital.

The male nursing staff has been almost at full strength during most of the year, but the extreme shortage of female nurses continues. At one time we were over 20 nurses short of our establishment, and this not only makes work more difficult and arduous, but it constitutes a hazard for both patients and staff when there are not sufficient nurses for adequate supervision of patients. The situation is aggravated by the very high turnover of female nursing personnel, there being approximately 100 nurses coming and going every year. This means that the majority of the nursing staff consists of unskilled and inexperienced nursing aids. Were it not for a small core of trained nurses of many years' experience who have remained with the hospital for years, nursing conditions on the Female Division would be chaotic.

I have to report that there has been a serious deficiency in the higher offices of the Female Nursing Staff. The Matron is on long service leave, but I regret to report that she is in poor health. For a long period we have been without an Assistant Sub-Matron, and during the latter three months of the year the whole of the administrative work and responsibility for the management of the nursing staff has fallen upon the Sub-Matron.

The hospital is still without the services of a female occupational therapist, but the Australian Red Cross Society has kindly made available one of its occupational instructors, who works part-time in the female wards. We are also without a hairdresser in the Female Division.

The Medical Staff is below strength and there have been several changes during the year. Dr. Williams left in January to take up duty at Millbrook Rise and Dr. W. E. L. Crowther was appointed to the temporary staff in the same month. In June, Dr. Wise resigned from the staff.

The loss of two very good medical officers, one of whom had been with the hospital for a number of years, within so short a time, was a severe blow to the effectiveness of the medical department. With only two medical officers, one of whom is only recently graduated and who is here only temporarily and the other (the Medical Superintendent) who is saddled with time-consuming administrative duties and responsibilities, it is quite impossible to give individual attention to more than a very small percentage of the 700-odd patients in their care. It is strongly recommended that the Medical Staff be increased to the full establishment of four (including the Medical Superintendent) at the earliest possible date.

The administrative section has carried on under the difficulties of inadequate staff and insufficient office space. The former difficulty has been recognised by the creation of an extra position of clerk, but so far this position has not been filled. It is hoped that the latter handicap will be overcome by extensions of the administrative block in the near future.

It is with monotonous regularity that I must again invite your attention to the deplorable state of many of the hospital buildings. Many of the wards are cold, dismal, dark, inconvenient and generally unpleasant to work in, and the same applies to the kitchen, laundry and artisans' workshops. The unpleasant working conditions for the staff is undoubtedly a factor in our inability to keep female nurses. There is no lack of applications to join the nursing staff, but few remain more than a few months at most.

Considerable difficulty has been experienced with the internal automatic telephone system. Breakdowns are a daily occurrence, and breakdowns in the means of communication at night time, coupled with the depleted female nursing staff, could have most serious consequences. As it is apparently impossible to obtain replacements for the switchgear, the Postmaster-General's Department has been requested to instal an up-to-date telephone communication system.

This winter there has been a grave deficiency in the milk supply to the hospital. The Gaol Farm at Hayes is only able to supply about six gallons of milk daily, whilst our own farm is supplying about 20 gallons. As certain patients have a priority in the allotment of milk, others have very little, and in many cases they have to have their porridge without milk.

As our farm will be alienated when the new hospital building programme is under way, and as it now appears that the Gaol Farm will never be able to supply our milk requirements, it is strongly recommended that Government-owned land at Turriff Lodge, close to the hospital grounds, be transferred to Lachlan Park as part of the hospital farm for use in supplying adequate milk, vegetables, fruit, &c.

Finally, I must mention the valuable services to the hospital and its patients carried out by the Repatriation Department, which shows pictures weekly, the Red Cross Society, which undertakes occupational instruction and essential work, and especially to the Lachlan Park Hospital Auxiliary Branches at Hobart, Launceston and Ulverstone, which have provided many extras for the patients, such as clothing, fruit, bus rides, &c., and in the case of the Hobart Auxiliary have travelled to New Norfolk weekly to serve in the canteen on Sundays.

Statistical tables are appended.

CHARLES R. D. BROTHERS, M.D., B.S., F.R.A.C.P.,
Director of Mental Hygiene.

TABLE 1.
Table Showing Admissions, Re-Admissions, Discharges and Deaths during the Year 1950-51.

	Males.	Females.	Total.	Males.	Females.	Total.
In Hospital on 30th June, 1950.....	...	...	...	321	365	686
Admitted for first time	63	99	162			
Re-Admitted	14	14	28			
Returned from Trial Leave	67	56	123			
Total Admitted and Returned	...	...	...	144	169	313
Total under care during year	...	...	...	465	534	999
Discharged from Hospital	20	8	28			
Proceeded on Trial Leave.....	103	118	221			
Escaped	...	...	...			
Died	27	41	68	...	...	...
Total off Records	...	...	.	150	167	317
Remaining in Hospital on 30th June, 1951	...	...	...	315	307	682

TABLE 2.
Table Showing Numbers of Patients on, returning from and discharged from, Trial Leave during the Year 1950-51.

	Males	Females	Total	Males	Females	Total
On Trial Leave on 30th June, 1950				54	63	117
Proceeding on Trial Leave during Year				104	118	222
Total on Trial Leave during Year				158	181	339
Returned to Hospital from Trial Leave during Year.	67	56	123			
Discharged from Trial Leave during Year	29	33	62			
Died whilst on Trial Leave during Year	2	2	4			
Total Loss				98	91	189
Remaining on Trial Leave on 30th June, 1951				60	90	150

TABLE 3.
Table Showing Manner in which Patients were Admitted during the Year 1950-51.

How Admitted.	Males.	Females.	Total.
Private Order.....	53	100	153
Justice's Order	4	4	8
Magistrate's Order	1	...	1
Voluntary Boarders.....	18	9	27
Governor's Warrant	1	..	1
Returned from trial leave	67	56	123
Total Admitted and Returned 1950/51. ...	144	169	313
First Admission.....	63	99	162
Second "	11	10	21
Third "	2	3	5
Fourth "	1	1	2
Fifth Admission and over.....	...	...	...
Returned from trial leave	67	56	123
	144	169	313

TABLE 4.
Table Showing Form of Mental Disorder on Admission during 1950-51, and the Form of Mental Disorder of Patients in Hospital on 30th June, 1951.

Form of Mental Disorder.	Admissions.			Remaining in Hospital.		
	Males.	Females.	Total.	Males.	Females.	Total.
A. Congenital Mental Deficiency:						
1. With Epilepsy	6	4	10	20	23	43
2. Without Epilepsy	5	11	16	103	96	199
3. With Schizophrenia	3	1	4	12	14	26
B. Dementias:						
1. Senile	9	24	33	7	32	39
2. Presenile	3	3	6	2	5	7
3. Secondary or Terminal	...	1	1	51	54	105
4. Arteriosclerosis.....	3	3	6	2	1	3
C. Organic Psychoses:						
1. Gross Brain Lesion	2	...	2	2	1	3
2. Dementia Paralytica	2	...	2	5	1	6
3. Epileptic Psychosis	3	5	8	6	9	15
4. Alcoholic Psychosis.....	8	3	11	7	3	10
5. Toxic Confusional or Exhaustive Psychosis	...	4	4	1	5	6
6. Parkinsonism	...	...	...	...	...	...
7. Huntingtons Chorea	1	...	1	4	...	4
D. Psychogenic Psychoses;						
1. Manic Depressive Psychosis.....	7	7	14	13	28	41
2. Involutional Melancholia	5	8	13	1	7	8
3. Schizophrenia (not including A (3))	16	25	41	39	35	74
4. Paraphrenia and Paranoid States.....	...	10	10	30	47	77
5. Paranoia	1	...	1	7	4	11
E. Psycho-neuroses:						
1. Psychopathic Personality	3	4	7	3	2	5
2. Anxiety States						
3. Hysteria						
TOTAL ...	77	113	190	315	367	682

TABLE 7.

Table Showing in Quinquennial Periods the Ages of Patients Admitted to and Discharged from the Provisions of the Mental Hospitals Act, and of those that Died, during the Year 1950-51.

Ages.	New Admissions.			Discharged from the Provisions of the Mental Hospitals Act.									Deaths.		
				Re-covered.			Re-lieved.			Unim-proved.			Total		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Under 5 years	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...
5 yrs. and under 10...	...	4	4	...	...	...	...	...	...	...	...	...	...	...	...
10 " " 15...	1	1	2	...	...	...	1	...	1	...	...	...	1	...	1
15 " " 20...	3	5	8	...	1	1	...	...	...	...	...	...	1	...	1
20 " " 25...	6	4	10	...	1	1	2	1	3	...	...	...	2	2	4
25 " " 30...	9	13	22	1	5	6	2	2	4	...	...	...	3	1	10
30 " " 35...	4	13	17	4	2	6	2	1	3	2	...	2	8	3	11
35 " " 40...	7	10	17	...	2	2	4	1	5	1	...	1	5	3	8
40 " " 45...	4	10	14	1	...	1	3	1	4	...	...	...	4	1	5
45 " " 50...	9	5	14	4	...	4	2	2	4	...	...	1	6	3	9
50 " " 55...	6	10	16	3	3	6	1	2	3	...	1	4	6	10	3
55 " " 60...	8	5	13	1	4	5	6	...	6	2	...	2	9	4	13
60 " " 65...	5	6	11	2	...	2	...	2	2	1	...	1	3	2	5
65 " " 70...	4	2	6	2	...	2	1	...	1	...	1	1	3	1	4
70 " " 75...	6	9	15	1	3	4	3	2	5	...	...	...	4	5	9
75 " " 80...	...	4	4	...	...	...	...	...	...	1	1	...	1	...	1
80 " " 85...	5	7	12	...	...	...	...	...	...	2	2	...	2	...	2
85 " " 90...	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...
90 " " 95...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
95 " " 100...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	77	113	190	19	21	40	27	14	41	6	6	12	52	41	93
				27									27	41	68

TABLE 8.

Table Showing the Causes of Deaths during the Year 1950-51.

Causes of Deaths.	Males.	Females.	Total.
Diseases of the Nervous System--			
Cerebral Hæmorrhage.....	—	2	2
Epilepsy	—	—	—
Idiocy	3	—	3
Schizophrenia	—	2	2
Sub Dural Hæmorrhage	1	—	1
Parkinsonism	1	—	1
Diseases of the Cardio-Vascular System —			
Arteriosclerosis	1	3	4
Coronary Sclerosis	3	1	4
Valvular Disease of the Heart	1	3	4
Coronary Occlusion	1	—	1
Diseases of the Genito-urinary System—			
Chronic Nephritis	1	—	1
Carcinoma of the Breast	—	2	2
Diseases of the Digestive System—			
Gastro-enteritis	—	2	2
Diseases of the Respiratory System—			
Broncho-pneumonia	2	4	6
Lobar-pneumonia.....	3	2	5
Bronchiectasis	—	1	1
Carcinoma of the Lung	—	1	1
Pulmonary Embolism	—	1	1
Injuries—			
Fractured Neck	1	—	1
Metabolic and Constitutional Diseases—			
Senility	9	17	26
Totals.....	27	41	68

TABLE 9.

Statistical Record.

	Males	Females	Total
Population of Tasmania as at 30-6-51	148,758	141,945	290,703
Proportion of Certified Insane per 1000 of population (including patients on trial leave)	2·521	2·515	2·862
Proportion of Admissions of Certified Insane per 10,000 of population (not including patients returned from trial leave)	4·235	6·975	5·573

TABLE 10.

Financial Statement.

	YEAR ENDED—				
	30.6.47.	30.6.48.	30.6.49.	30.6.50	30.6.51.
Average daily number of patients	656·36	658·47	660·16	674·63	680·27
Gross cost for year	£105,332	£124,897	£148,758	£176,236	£204,294
Fees received	£9566	£9363	£10,377	£9399	£11,451
Other revenue	£178	£185	£167	£277	£111
Gross cost per head per day	8/9·48d.	10/4·38d.	12/4·17d.	14/3·77.	16/5·47d
Net cost per head per day	7/11·73d.	9/6·86d.	11/5·66d.	13/6·34.	15/6·30d.

APPENDIX X.

REPORT OF MILLBROOK PSYCHOPATHIC HOME
FOR THE YEAR ENDED 30th JUNE, 1951.

I submit herewith a report on the Millbrook Psychopathic Home, as given to me by the Medical Superintendent, for the year ended the 30th June, 1951.

During the year 271 patients were admitted for treatment of various neuroses and minor pyschoses.

In January, the Medical Officer, Dr. J. A. McCluskie, resigned and his place was taken by Dr. C. I. A. Williams, who transferred from Lachlan Park.

In September, Matron McKendrick resigned and the Sub-Matron proceeded on long service leave, and Miss E. L. Clark was appointed Matron.

Staffing problems are still acute with many changes amongst the junior nurses, and recently the housekeeper resigned.

In spite of these difficulties, Millbrook Rise has given, I believe, satisfactory services to the many patients who have received treatment there, in spite of the fact that delays have occurred in the admission of patients, because the number of patients had to be limited owing to staff difficulties.

I wish to express my appreciation to the Red Cross Society for providing arts and crafts instructions, and to the Repatriation Department for the weekly picture shows provided for patients.

Statistical tables are appended.

CHARLES R. D. BROTHERS, M.D., B.S., F.R.A.C.P.,
Director of Mental Hygiene.

TABLE 11.

MILLBROOK PSYCHOPATHIC HOME.

Statement Showing Form of Mental Disorder on Admission for Year Ended 30th June, 1951.

Diagnosis—	Males.	Females.	Total.
Anxiety State	31	37	68
Melancholia and Depressive States	29	44	73
Hysteria	9	24	33
Schizophrenia and Schizoid States.....	6	24	30
Paraphrenia and Paranoid States	6	10	16
Manic Depressive Psychosis	2	5	7
Alcoholism	2	3	5
Obsessional States	2	7	9
Toxic Psychosis	2	4	6
Senile and Presenile Dementias.....	1	1	2
Gross Brain Lesion	2	3	5
Psychopaths	6	6	12
Not Diagnosed	3	2	5
Total Admissions during year ...	101	170	271

TABLE 12.

MILLBROOK PSYCHOPATHIC HOME.

Financial Statement.

	YEAR ENDED.				
	30.6.47	30.6.48	30.6.49	30.6.50	30.6.51
Average Daily No. of Patients	24·93	24·26	27·2	28·92	25·74
Gross Cost for Year	£8,943	£9,249	£11,287	£13,232	£14,580
Fees Received.....	£3,276	£3,044	£5,204	£6,318	£4,826
Other Revenue.....	—	—	—	—	£449
Gross Cost per Head per Day	19/7·86d	20/10·03d	22/8·79d	25/0·87d	31/11·04d
Net Cost per Head per Day	12/3·45d	13/11·73d	13/3·10d	12/10·94d	21/11·25d

SECTION V.—VITAL STATISTICS SUPPLIED BY THE DEPUTY COMMONWEALTH STATISTICIAN.

Statistical and General.

Population:

Estimated on the 31st December, 1950—	
Males	150,471
Females	143,926
Total	294,397
Mean population, 1950 (for whole year)—	
Males	144,341
Females	137,928
	282,269
Mean population, 1949 (for whole year)	272,649
Increase for year	9,620

The mean population of the State, as shown by the figures, reveals an increase of 9,620.

Australian Birth-rate for the Year 1950 per 1000 Persons Living.

(As compared with the previous year and a year in the previous decade.)

	1933.	1949.	1950.
New South Wales	16.99	22.10	22.20
Victoria	15.60	21.92	22.61
Queensland	18.14	24.18	24.62
South Australia	15.32	23.80	24.72
Western Australia	17.95	25.35	25.47
Tasmania	19.93	26.08	25.66
Northern Territory	15.23	25.68	27.55
Australian Capital Territory	14.43	42.86	46.52
Australia	16.78	22.91	23.29

Death Rate for 1950 per 1000 Persons Living.

(As compared with the previous year and a year in the previous decade.)

	1933.	1949.	1950.
New South Wales	8.58	9.43	9.60
Victoria	9.59	10.28	10.14
Queensland	8.84	8.85	8.82
South Australia	8.44	9.45	9.63
Western Australia	8.64	8.99	9.05
Tasmania	9.60	8.76	8.74
Northern Territory	12.55	6.83	6.50
Australian Capital Territory	4.19	5.23	5.95
Australia	8.92	9.51	9.55

Deaths in Relation to Disease.

The following return shows the number and causes of deaths during the year 1950, also the death-rate per 100,000 persons living (mean population 282,269), as contrasted with the previous year, 1949 (mean population estimated at 272,649).

Cause of Death.	1949		1950	
	No. of Deaths	Rate per 100,000 persons	No. of Deaths	Rate per 100,000 persons
General Diseases—				
Tuberculosis (all forms)	77	28.2	71	25.2
Syphilis and its sequelae	13	4.8	8	2.8
Diphtheria	...	...	1	0.4
Whooping Cough	2	0.7	1	0.4
Poliomyelitis	1	0.4	3	1.1
Measles	2	0.7	2	0.7
Malignant Neoplasms	310	113.7	323	114.4
Other Tumours	5	1.8	13	4.6
Diabetes	38	13.9	52	18.4
Anaemia (all types)	10	3.7	10	3.5
Other General Diseases	29	10.6	44	15.6
Total	487	178.6	528	187.1
Local Diseases—				
Diseases of Nervous System and Sense Organs	284	104.2	304	107.7
Diseases of Circulatory System	821	301.1	860	304.7
Diseases of Respiratory System	182	66.8	205	72.6
Diseases of Digestive System	86	31.5	88	31.2
Diseases of Genito-Urinary System	150	55.0	109	38.6
Diseases of Puerperal Origin	7	2.6	7	2.5
Diseases of the Skin and Cellular Tissue	2	0.7	3	1.1
Diseases of Bones and Organs of Movement	13	4.8	7	2.5
Total	1545	566.7	1583	560.8
Congenital Malformations	28	10.3	35	12.4
Diseases of Early Infancy	99	36.3	107	37.9
Senility	39	14.3	31	11.0
Ill-defined Conditions	7	2.6	7	2.5
Accidents	152	55.7	154	54.6
Homicide	2	0.7	1	0.4
Suicide	30	11.0	20	7.1
Total Deaths, All Causes	2389	876.2	2466	873.6

DEATHS from Tuberculosis during the last Ten Years.

	Number.										Death Rate per 100,000 Persons living.									
	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.
Tuberculosis of Respiratory System (No. 13)	96	108	93	81	93	97	87	74	65	65	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Other forms of Tuberculosis (Nos. 14-22)	14	21	20	24	23	21	20	12	12	6	9	9	8	10	9	8	8	5	4	2
Totals	110	129	113	105	116	118	107	86	77	71	46	54	46	43	47	47	42	33	28	25

Scarlet Fever.

Year.	Cases	Deaths	Death rate per 10,000 popu- lation.	Cases per 1000 persons liv- ing.	Deaths per 1000 Cases notified.	Death % of Cases.
1941	127	1	.04	.53	7.9	0.8
1942	72	..	..	.30	..	..
1943	92	1	.1	.38	10.9	1.1
1944	149	..	..	.61	..	..
1945	260	..	..	1.04	..	..
1946	231	..	..	.92	..	..
1947	118	2	.1	.46	17.0	1.7
1948	67	..	..	.25	..	..
1949	109	..	..	0.39	..	..
1950	..	..	..	..	..	..

Diphtheria.

Year.	Cas	Deaths.	Death rate per 10,000 popula- tion.	Cases per 1000 persons liv- ing.	Deaths per 1000 cases notified.	Death % of Cases.
1941	401	25	1.0	1.67	62.3	6.2
1942	291	11	.5	1.21	37.8	3.8
1943	370	15	.6	1.53	40.5	4.1
1944	442	10	.4	1.80	22.6	2.3
1945	403	9	.4	1.62	22.3	2.2
1946	256	6	.2	1.02	23.4	2.3
1947	64	..	..	0.25	..	..
1948	60	1	..	0.23	16.7	1.7
1949	19	..	..	0.07	..	..
1950	..	1	.4	..	..	..

